

Name
in
Full

Adair R. Ballard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Curtis Chapel		County Somerset		MARYLAND	
Date of death 1909	Month Dec	Day 12	Years Age 60	Months	Days
Sex Male	Color or Race Colored	Where Residing if not at place of death Curtis Chapel		Birth- place Md	
Occupation Laborer	Name of Wife or Husband Ellen Ballard		Father's Birthplace Unknown		
Married, Single or Widowed Single	Mother's Maiden Name Unknown		Mother's Birthplace Unknown		
Father's Name Unknown	Name of person giving Information Geo. J. Ballard		How related to deceased Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hodgkin's Disease

53

How long

About 2 yrs.

Immediate

Asthma

How long

Progressive

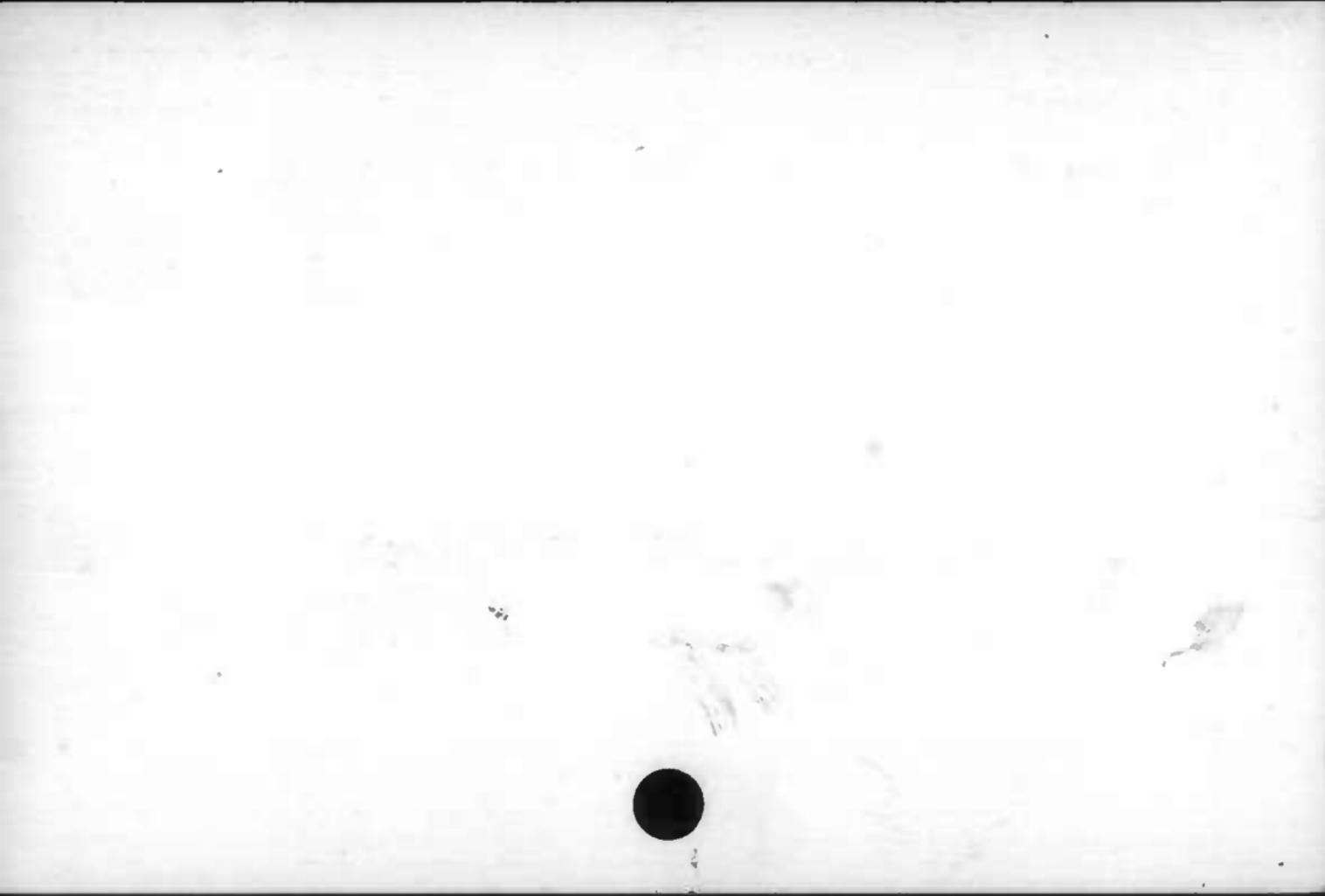
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Chas. F. Jenkins
Princess Anne, Md.

Accident or Suicide



Name
in
Full

Jules Buckley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

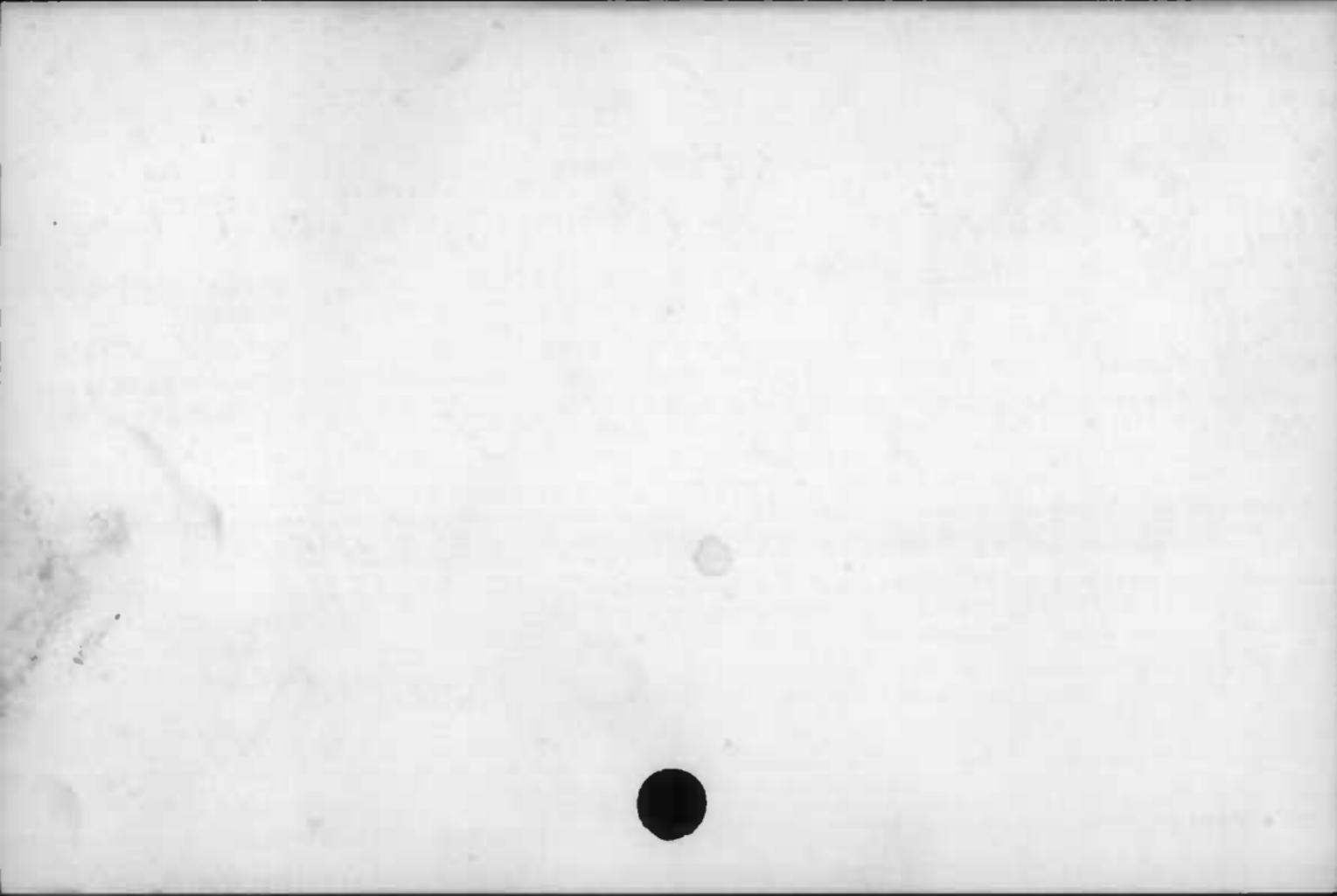
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Almond	Birth-place	Som. Co.	
Occupation	Housework				
Married, Single or Widowed	Name of Wife or Husband	George Buckley	Buckley		
Father's Name	Johanna Seeholz				
Mother's Maiden Name	Mary Roberts				
Name of person giving information					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's disease	
Immediate	Meningitis	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		



Name
in
Full

J Joshua Isaac Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Princess Anne -		Somerset			
Date of death 1909	Month December	Day 10th	Years 14	Months -	Days -
Sex Male	Color or Race white	Birth-place Somerset Co. Md.			
Occupation School boy	Where Residing if not at place of death Kings Creek Md.				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Samuel S. Barnes			Father's Birthplace Md.		
Mother's Maiden Name Mary Howeth			Mother's Birthplace Md.		
Name of person giving Information Samuel S. Barnes			How related to deceased Father		

CAUSES OF DEATH

Primary

Immediate Fractured skull from Railroad accident.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

W. Henry Fisher M.D.
Princess Anne

Accident or Suicide

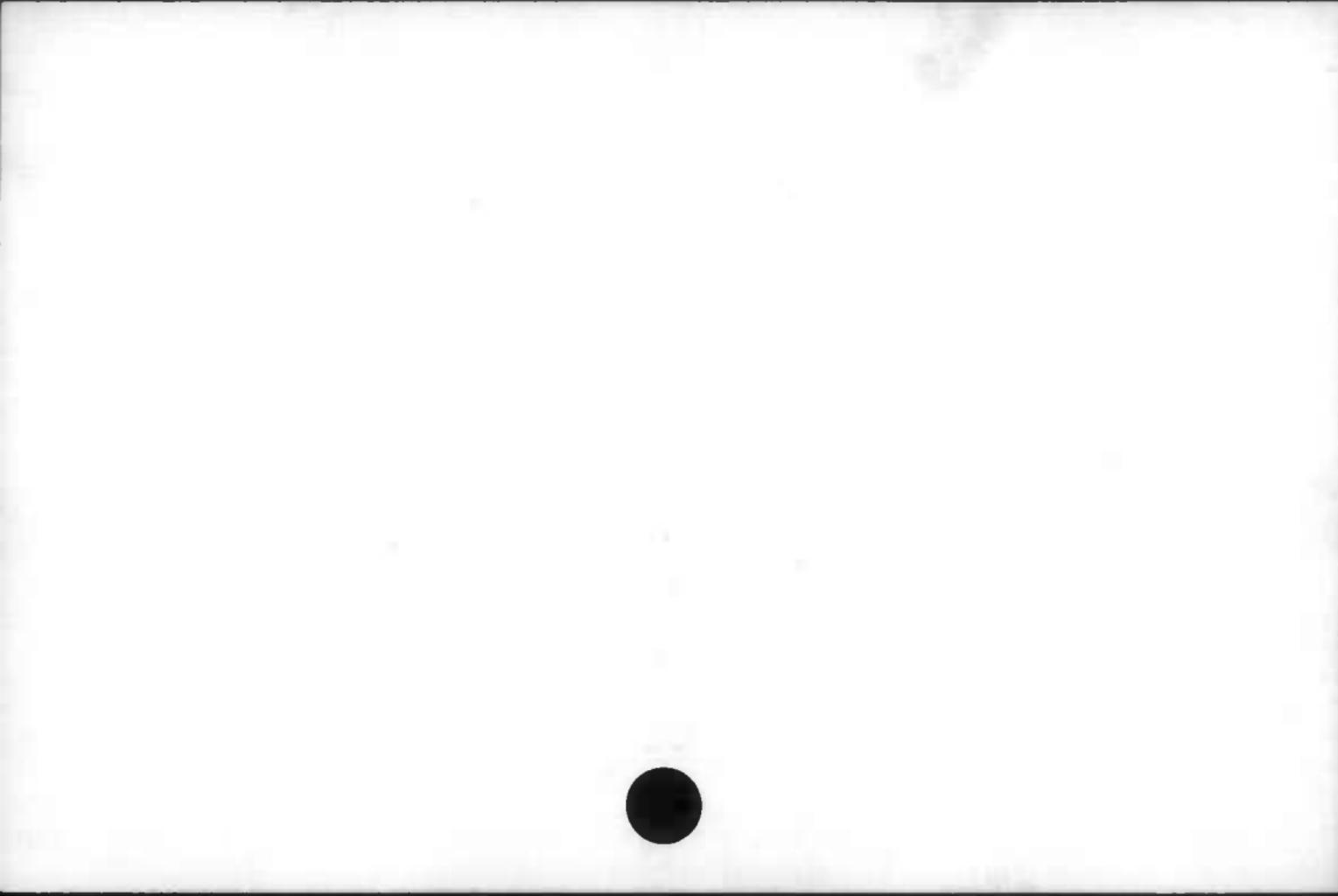
Accident.

164

How long

How long

Ind.



Name
in
Full

Robert Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Inverness

Town

County

MARYLAND

Date of death 1909 Month Dec Day 12th Age 80 Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Boston Mass.

Occupation

Oysterman

Where Residing if not
at place of death

Inverness, Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Barry

Father's
Birthplace

Unknown

Father's
Name

Unknown

Mother's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

How related
to deceased

not at all

Name of person giving
Information

Edward Kane

CAUSES OF DEATH

Primary

Senile Debility

154



How long

Several years

Immediate

Senile Debility

How long

Several years

Are the name, age, sex, color, date
and place correctly given above?

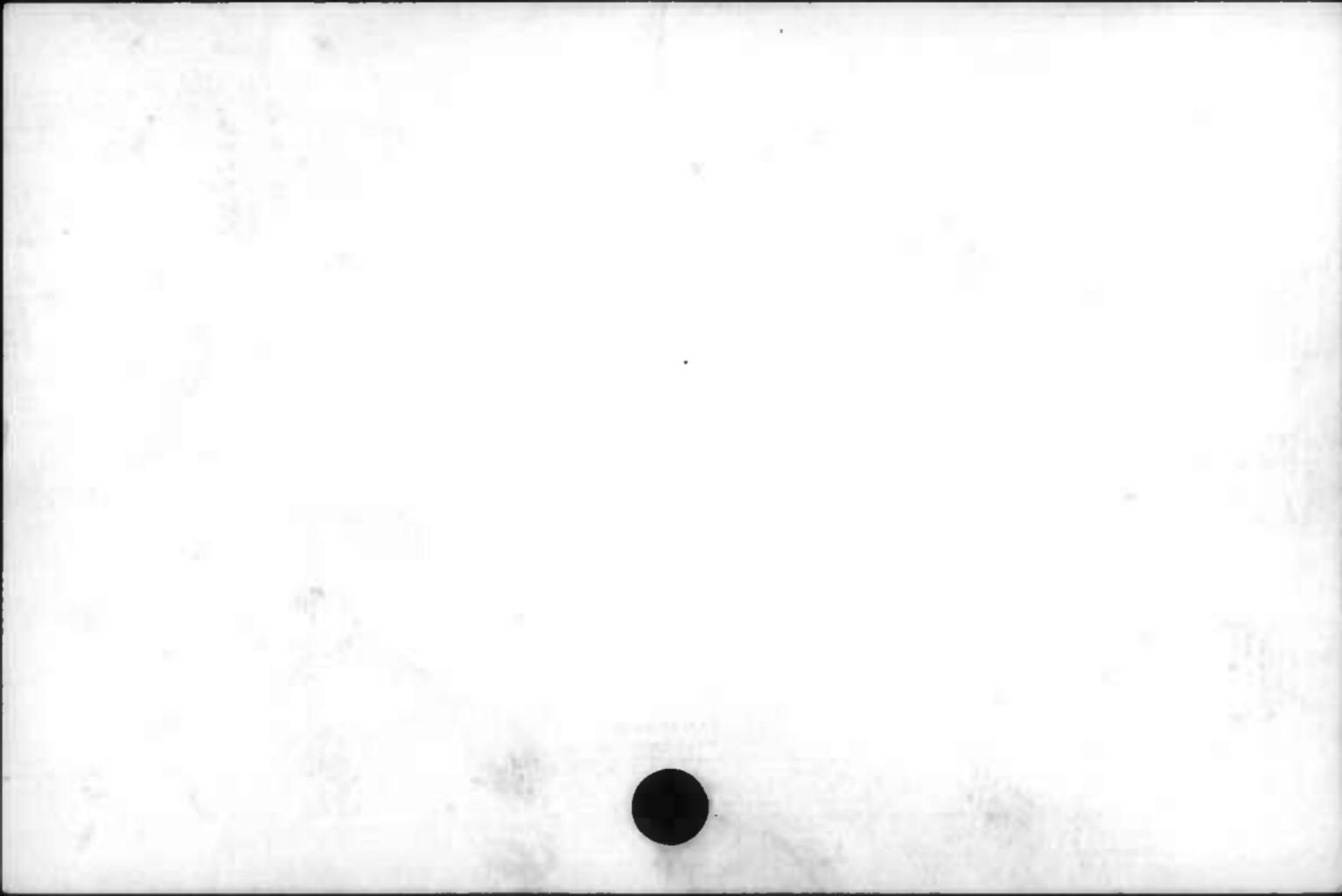
Yes

Signature of
Physician

Address

G. E. Dickinson
Upper Fairmount
Md.

Accidental Suicide



Name
in
Full

Sarah E Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arnold</u>		Town <u>Arnold</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>27</u>	Age <u>41</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Blk</u>	Where Residing if not at place of death <u>Same</u>					
Occupation <u>Housewife</u>							
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>W. N. L. Bean</u>						
Father's Name <u>Joseph Battman</u>			Father's Birthplace <u>Somerset Co</u>				
Mother's Maiden Name <u>Rosa Wilson</u>			Mother's Birthplace <u>"</u>				
Name of person giving Information <u>W. N. L. Bean</u>			How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Gastritis
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

104

How long

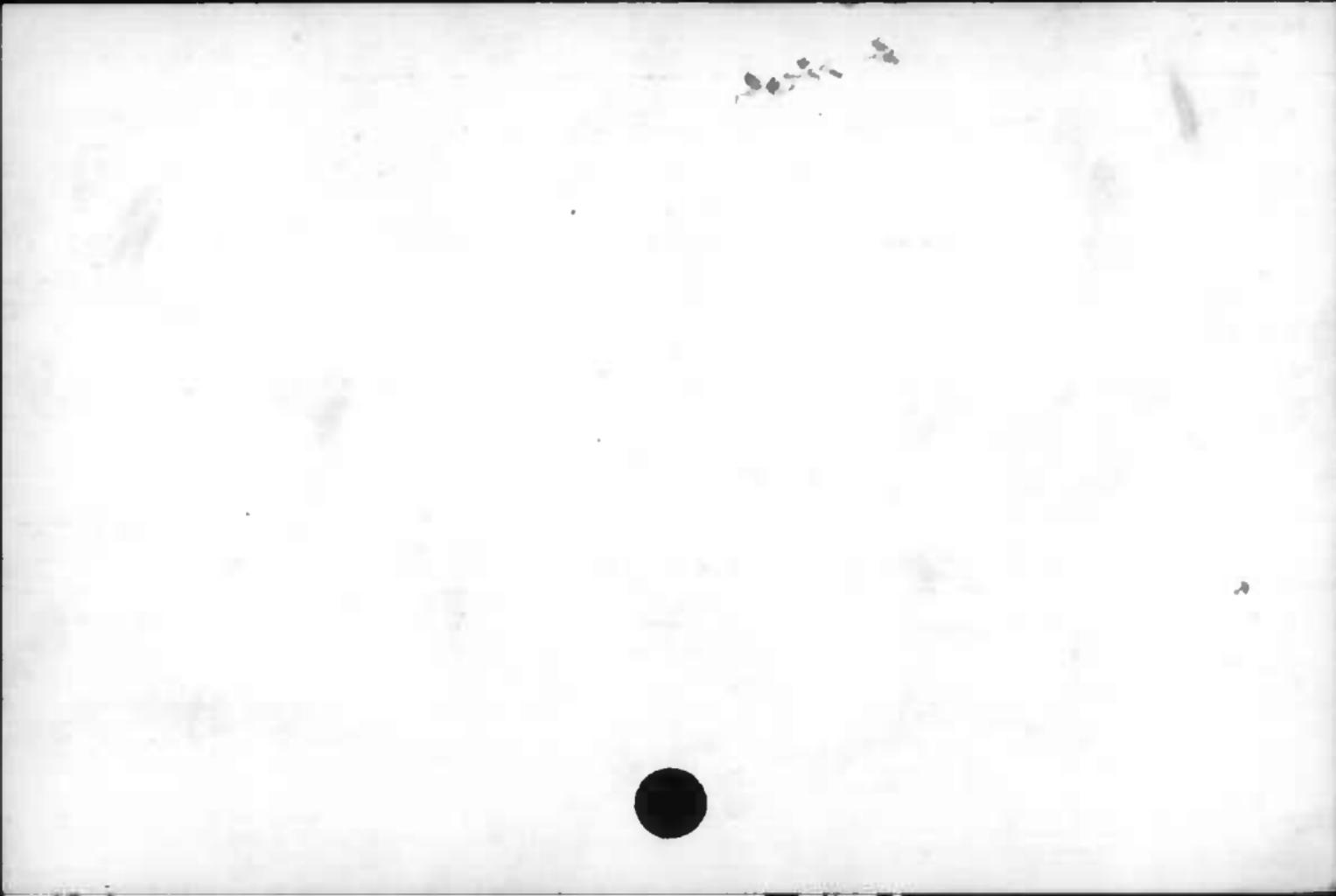
1 day

How long

3 hrs

Accident or Suicide

No.



Name
in
Full

George W. Brittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Die at	Princetown	County	Somerset	Month	Day
Date of death	1909	Month	May	Years	64
Age	64	Day	7	Month	—
Sex	Male	Color or Race	White	Birth-place	Somerset Co
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah A. Piggis		
Father's Name	John F. Brittingham	Father's Birthplace Somerset Co.			
Mother's Maiden Name	Emelina E. Richards	Mother's Birthplace Somerset Co			
Name of person giving Information	Marion E. Brittingham	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis

Immediate Sarcina

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. W. Wainwright
Princetown

Accident or Suicide

27

How long

1 Year

How long

1 Week

nd



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Earl Cottman

Town

Huntstown

County

Somerset

MARYLAND

Died at

Month

Day

Date of death 1909

Dec. 30

Years

Months

Days

Age One

One

8

Sex

Male

Color or
Race

colored

Birth-
place

Huntstown

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles E. Cottman

Father's
Birthplace

Dorowell

Mother's
Maiden Name

Margrath Birmingham

Mother's
Birthplace

Talbot Co.

Name of person giving
Information

Charles E. Cottman

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia
Tuberculosis

93

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

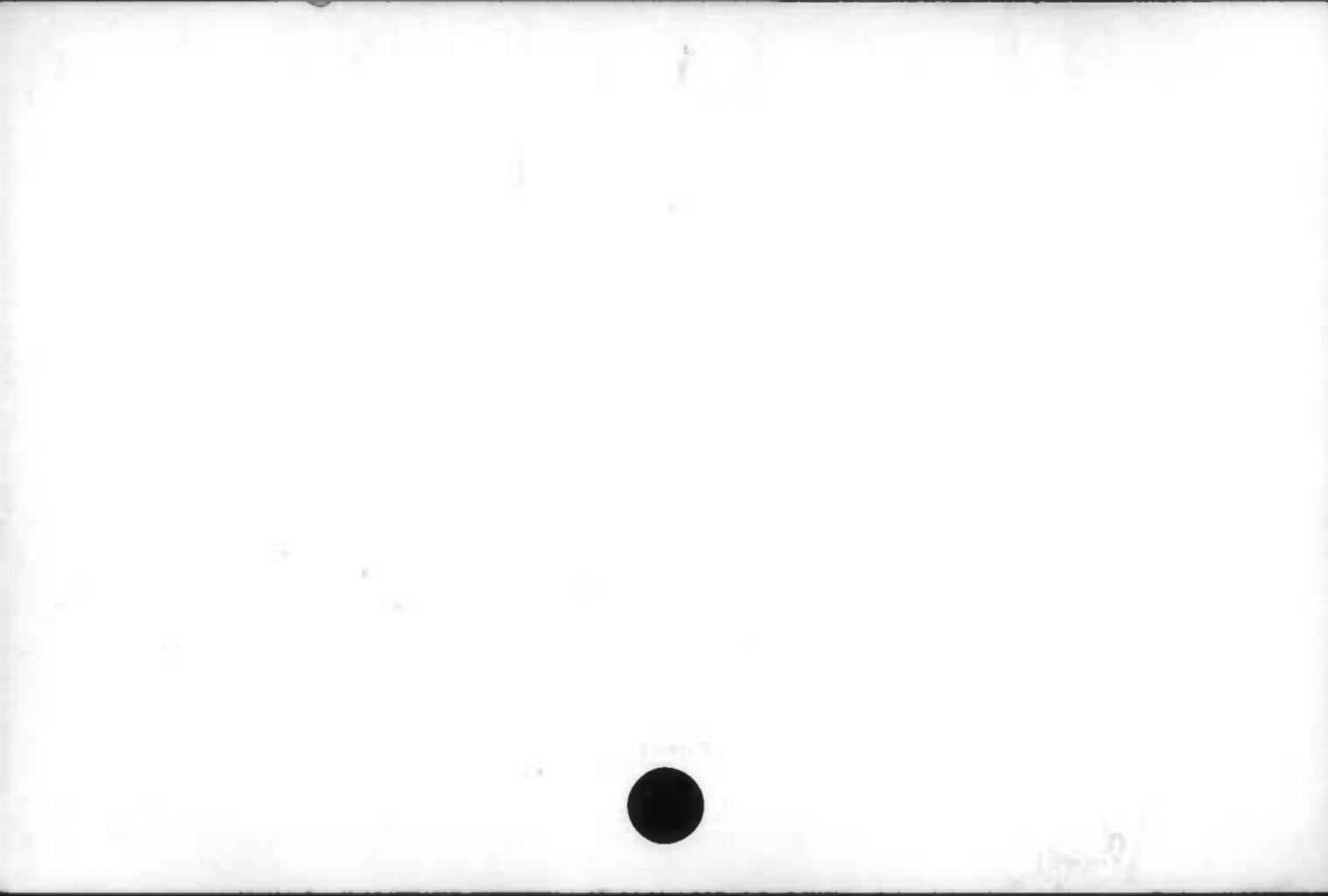
Signature of
Physician

Address

A. R. Knick, M.D.
Crisfield, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henrietta Dise

CERTIFICATE OF DEATH

MARYLAND

Died at Landonville Somerset

Date of death 1909 Month 9 Day 15 Age 82 Years

Sex Female Color or Race White

Occupation Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Severn Dise

Father's
Name

John Thomas

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Millie Thomas

Mother's
Birthplace

Somerset Co

Name of person giving
Information

Mrs F. Holland

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Senile Debility

How long

Several Years

Immediate

Senile Debility

How long

Several Years

Are the name, age, sex, color, date
and place correctly given above?

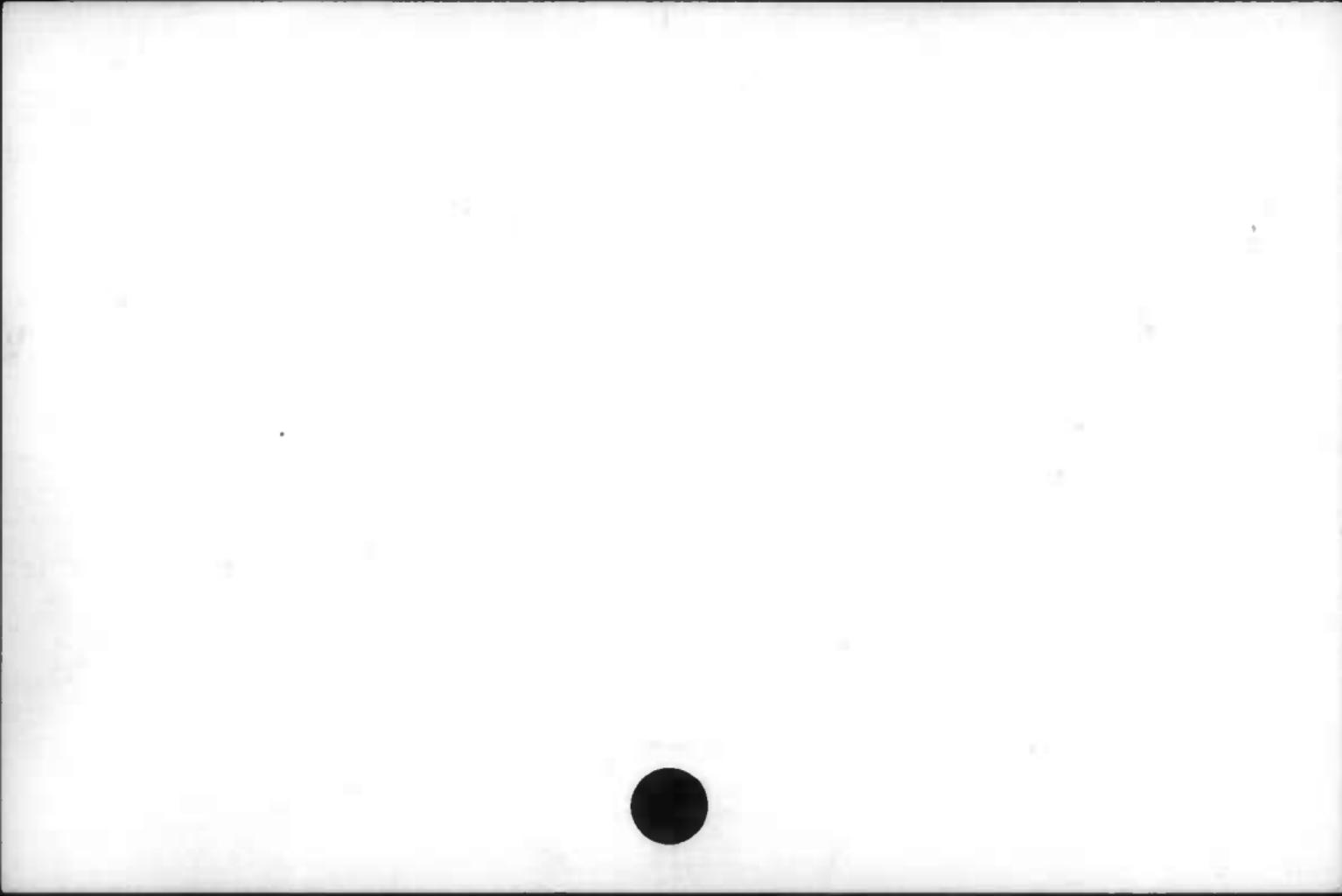
Yes

Signature of
Physician

Address

G. E. Dickinson
Upper Fairmount
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Barton Fitzgerald

Town

County

Died at Princess Anne Somerset

Month

Day

Years

Date
of death 1909 Dec

17th

Age 41

Month

Days

MARYLAND

Sex male

Color or
Race

white

Birth-
place

Oriole
Somerset Md.

Occupation

Merchant

Where Residing if not
at place of death

place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Laura P. Fitzgerald

Father's
Birthplace

Marion Md

Father's
Name

Thos H. Fitzgerald

Mother's
Birthplace

Balto "

Mother's
Maiden Name

Mary A. Newman

How related
to decedent

brother

Name of person giving
Information

Albert B. Fitzgerald

CAUSES OF DEATH

Primary

Cancer, Stomach
Ascaris

40

How long

Upon

Immediate

How long

3 mos.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Thos. W. Wainwright

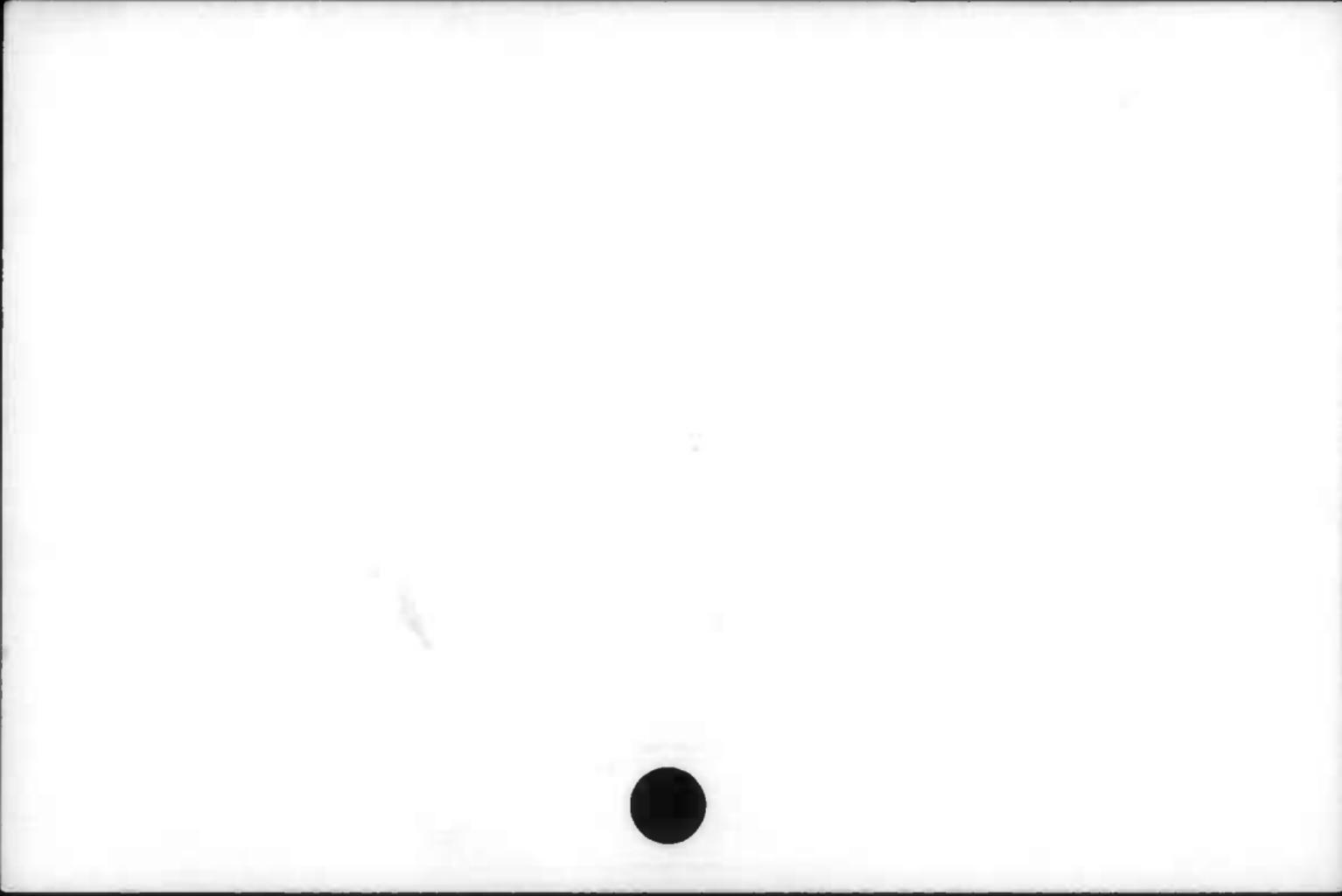
Princess Anne
Md.

Yes

No

Accident or Suicide

CERTIFICATE OF DEATH



Name
in
Full

Charles Alfred Fluhart
Lawsonia Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date of death

Month

Day

Years

Months

Days

1909

12

16

Age

52

Sex

Male

Color or
Race

White

Birth-
place

Orifield MD

Occupation

agelorman

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

+

Father's
Name

W. Lawson Fluhart

Father's
Birthplace

Oswell MD

Mother's
Maiden Name

Stattie J Warlow

Mother's
Birthplace

Orifield

Name of person giving
Information

W. F. Fluhart

How related
to deceased

Father

Primary

Typhoid Fever

①

20 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

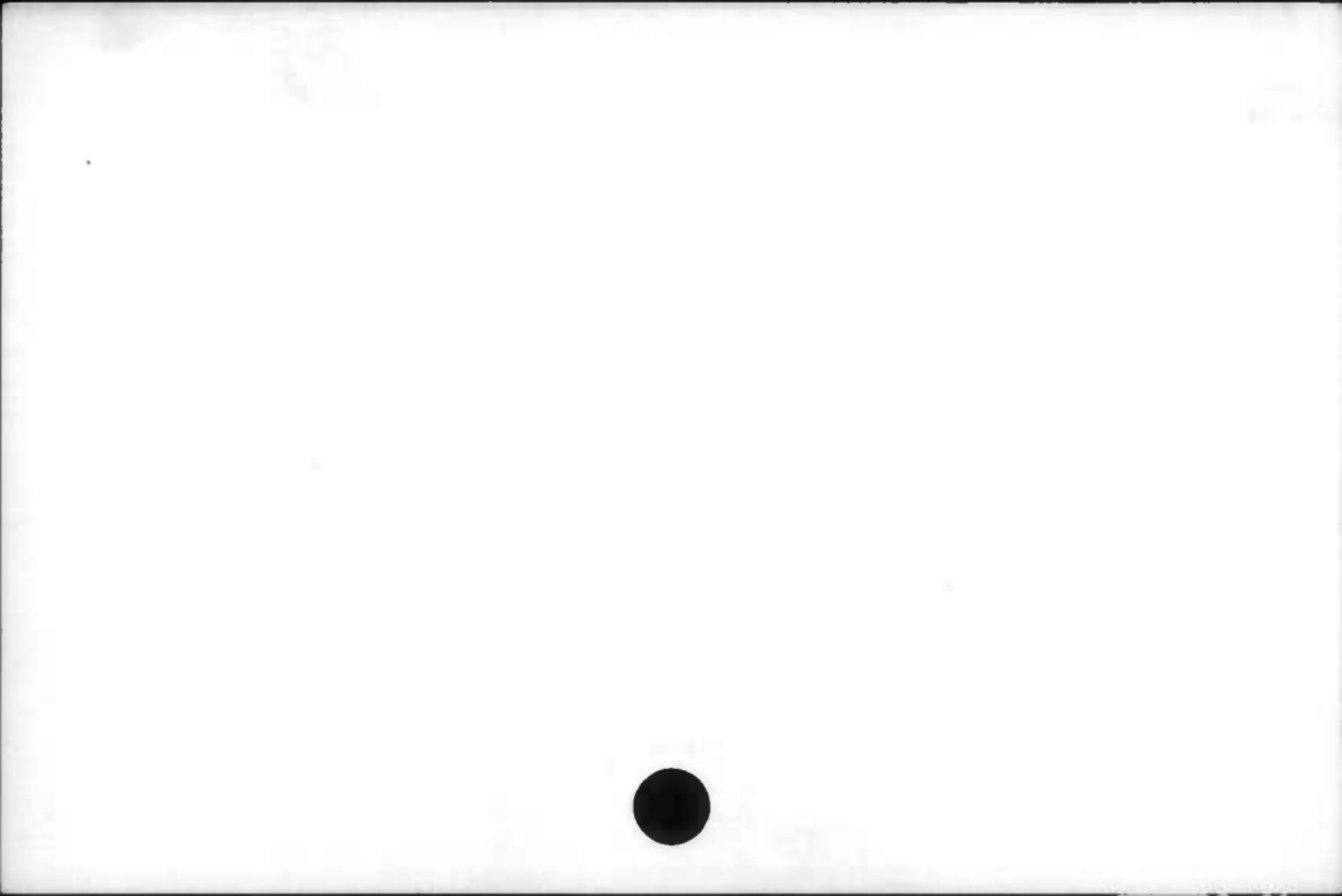
Address

W. F. Fluhart
Orifield MD

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

William Fulford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Leisfield

County

Somerset

MARYLAND

Date

Month

Day

of death

1909 12 10

Age

Years

Months

Days

Sex

Color or
Rscs

Male

Black

Birth-
place

N. 6

Occupation

Labour

Where Residing if not
at place of death

Leisfield. Md

Married, Single
or Widowed

Named

Name of Wife or
Husband

Elasig Fulford

Father's
Birthplace

Father's
Name

Unknown

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

G. T. Simouson

How related
to deceased

176.

How long

Instantly

How long

Primary

Stab wound in Neck

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

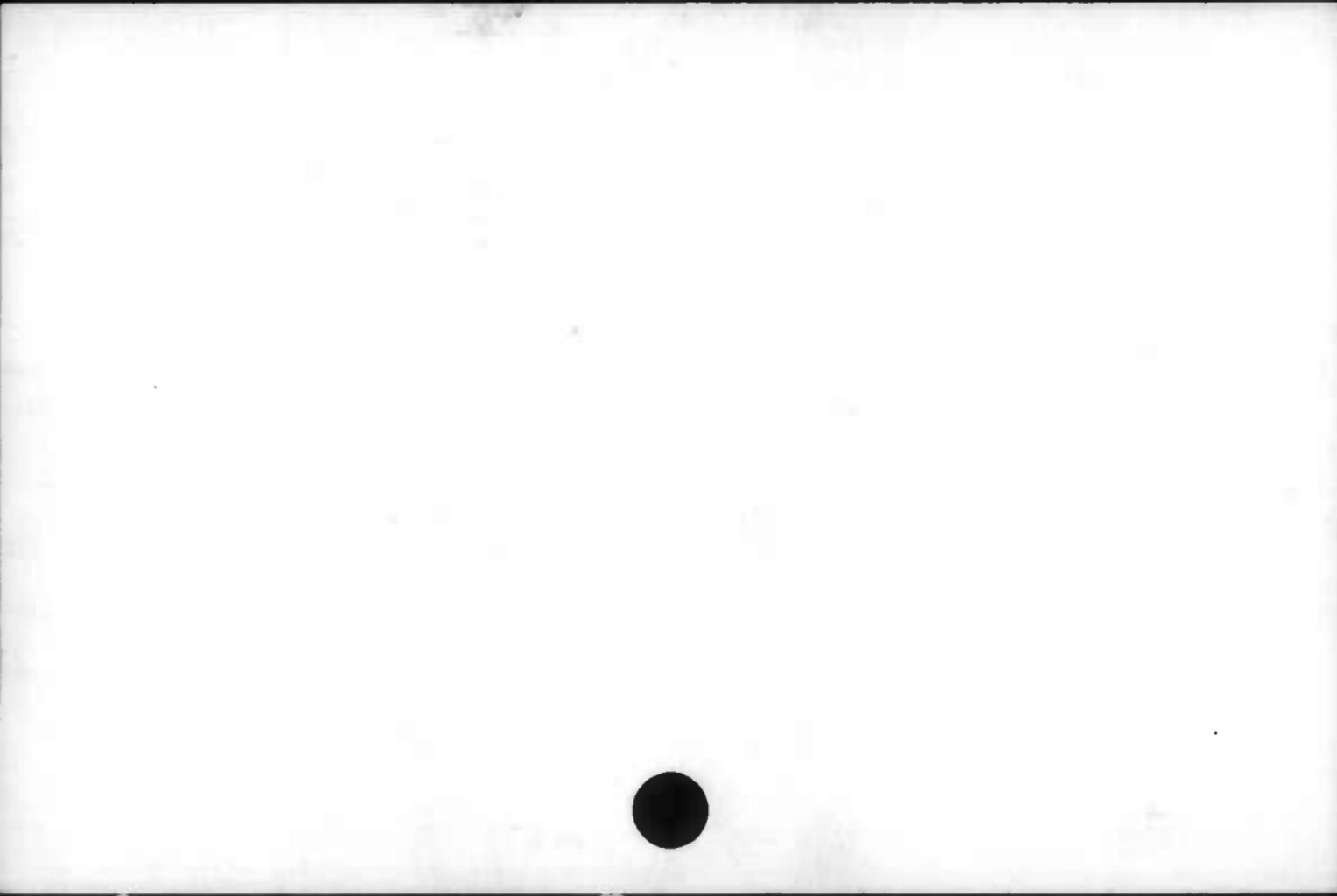
Signature of
Physician

Address

G. T. Simouson
Leisfield Md

Accident or Suicide

Yes
Murdered



Name
in
Full

Amelia Jane Steury
Town La Plata
County Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 1909 Dec 6 Year 77 Months 3 Days 21
Date of death Month Day Age Birth-place Hopewell Md
Sex Female Color or Race Black
Occupation Domestic Where Residing if not at place of death
Married, Single or Widowed Widowed Name of Wife or Husband Thomas Steury
Father's Name Benjamin Steury
Mother's Maiden Name Lester Storsey
Name of person giving Information Amutha Steury

Father's Birthplace Hopewell Ms
Mother's Birthplace Hopewell Md
How related to deceased Daughter

CAUSES OF DEATH

Primary Accidentally Burned

167

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. Israel
Kingsfield

PHYSICIAN
OR CORONER

Accident or Suicide

W



Name
in
Full

Dr. P. Hickman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at **Crisfield** Town **Somerset** County
Date of death **1909 Dec. 1st** Month Day Years
Age **57** Months Days
Sex **Male** Color or Race **White**
Occupation **Farmer** Where Residing if not
at place of death
Married, Single or Widowed **Married** Name of Wife or Husband **Gertrude Hickman**
Father's Name **Thomas Hickman**
Mother's Maiden Name **Maria Sterling**
Name of person giving Information **George Hickman**
Father's Birthplace **Maryland**
Mother's Birthplace **"**
How related to deceased **Brother**

CAUSES OF DEATH

Primary

Chronic Bronchitis

91

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Ella Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date
of death

Month

Day

Year

MARYLAND

Month

Days

1909

Dec

22

Age

24

Sax

Color or
Race

Birth-
place

Occupation

Black

Cambridge

Home work

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Walter Johnson

Father's
Name

Robert Johnson

Father's
Birthplace

Mother's
Maiden Name

Annie Stanley

Mother's
Birthplace

Name of person giving
Information

Walter Johnson

How related
to deceased

Da
Va
Cambridge
Husband

CAUSES OF DEATH

Primary

Bronchitis

27

How long

6 mo

Immediate

Pulmonary Tuberculosis

How long

8 mo

Are the name, age, sex, color, date
and place correctly given above?

yes

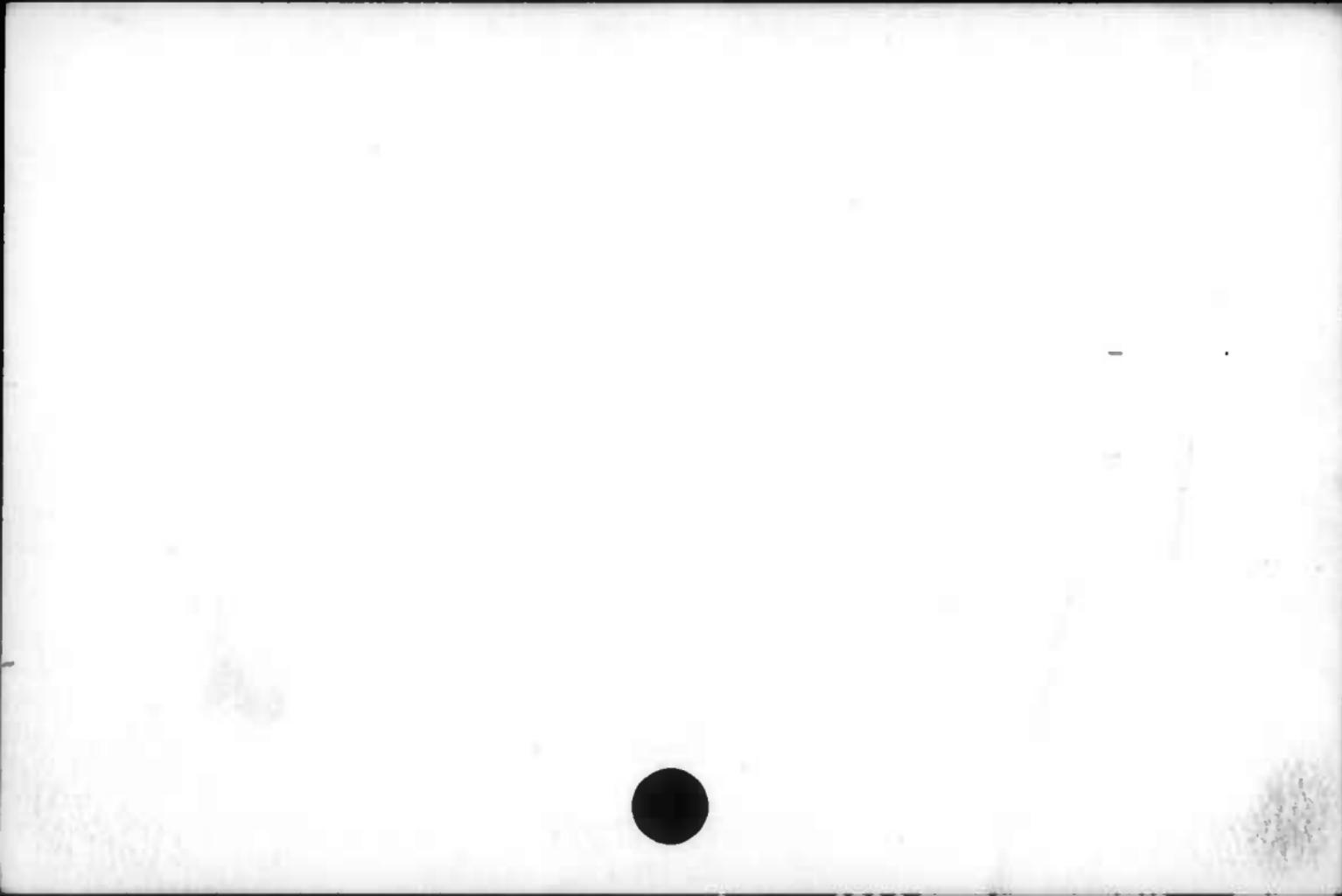
Signature of
Physician

Address

O. G. Collins
Bucksfield

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Lilly Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Cottage Grove</u>		County <u>Somerset</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>December</u>	Day <u>20</u>	Years <u>50</u>	Months <u>-</u>	Days <u>-</u>	
Sax <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Somerset Co Md</u>				
Occupation <u>Housewife</u>	Where residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Peter Johnson</u>					
Father's Name <u>Ezekial Logfield</u>	Father's Birthplace <u>Md-</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>					
Name of person giving Information <u>Clarence Adams</u>	How related to deceased <u>None</u>					

PHYSICIAN
OR COBONER

5

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis | How long about 2 years

Immediate

Exhaustion

Are the name, a

Signature of
Physician

Address

W. Henry Fisher M.D.
Princess Anne

Accident or Suicide

10



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death

Month

Day

Years

Months

Days

Dec

24

23

1909

Age

Birth-
place

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife
Husband

Father's
Name

Married

Septimus Jones

Father's
Birthplace

Mother's
Maiden Name

Single

Septimus Jones

Mother's
Birthplace

Name of person giving
Information

Liza

Septimus Jones

How related
to deceased

Septimus Jones

Primary

CAUSES OF DEATH

Immediate

Endocarditis

78

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

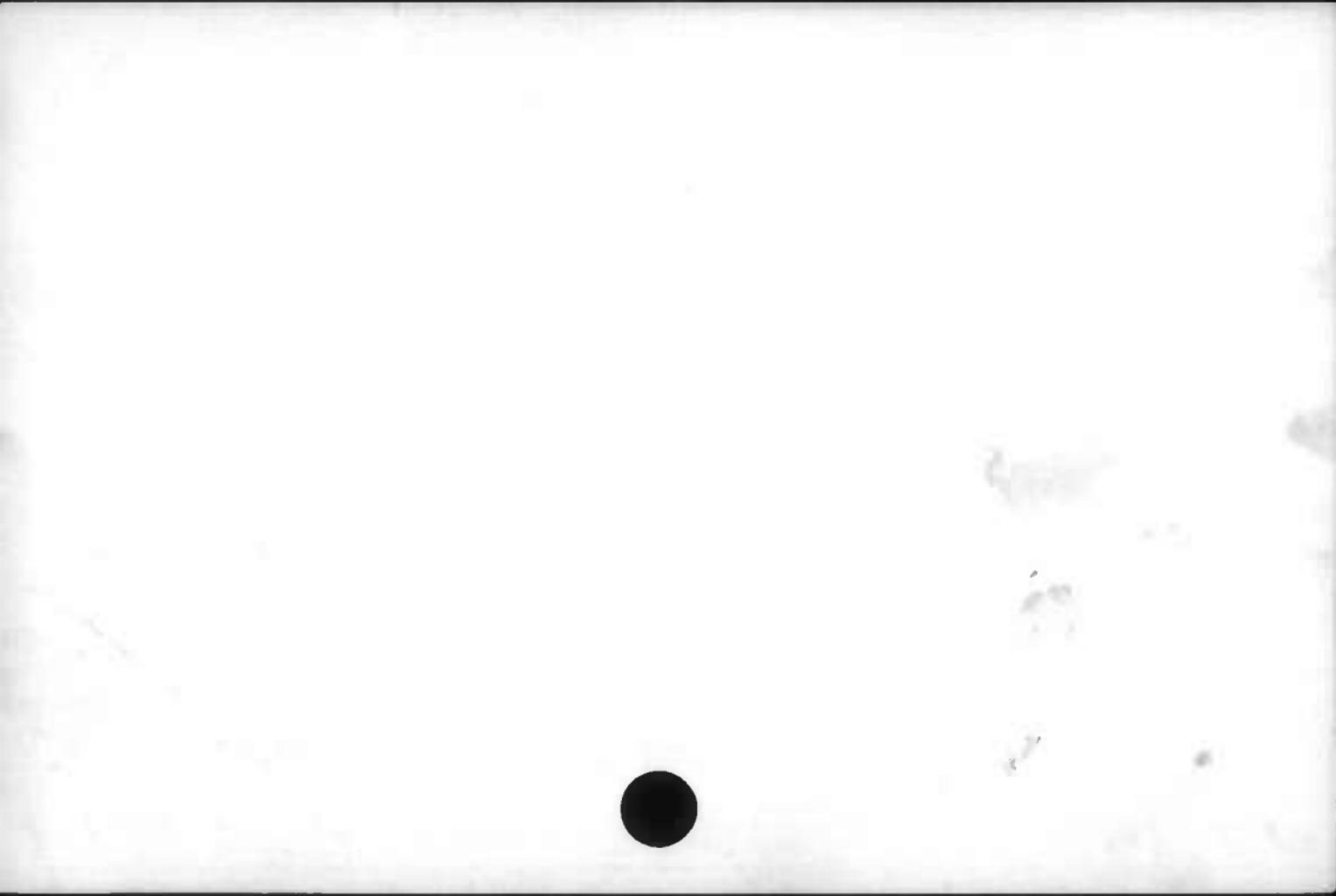
How long

How long

24 hrs

H. B. Baucus M.D.
Progress Avenue Md
G.T.D. No. 2.

Accident or Suicide



Name
in
Full

George Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Dec	Day 16	Years 19	Month	Days
Sex	Male	Color or Race	Blk	Birth-place	Somerset Co	
Occupation	Farmer		Where Residing if not at place of death Same			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Hannah Jones		
Father's Name	James Jones		Father's Birthplace Md			
Mother's Maiden Name	Passion Jones		Mother's Birthplace Son			
Name of person giving Information	Geo W Jones		How related to deceased			

CAUSES OF DEATH

144

Primary

~~Bacillus~~ of foot

How long

4 weeks

Immediate

Sepsis & exhaustion

How long

7 days

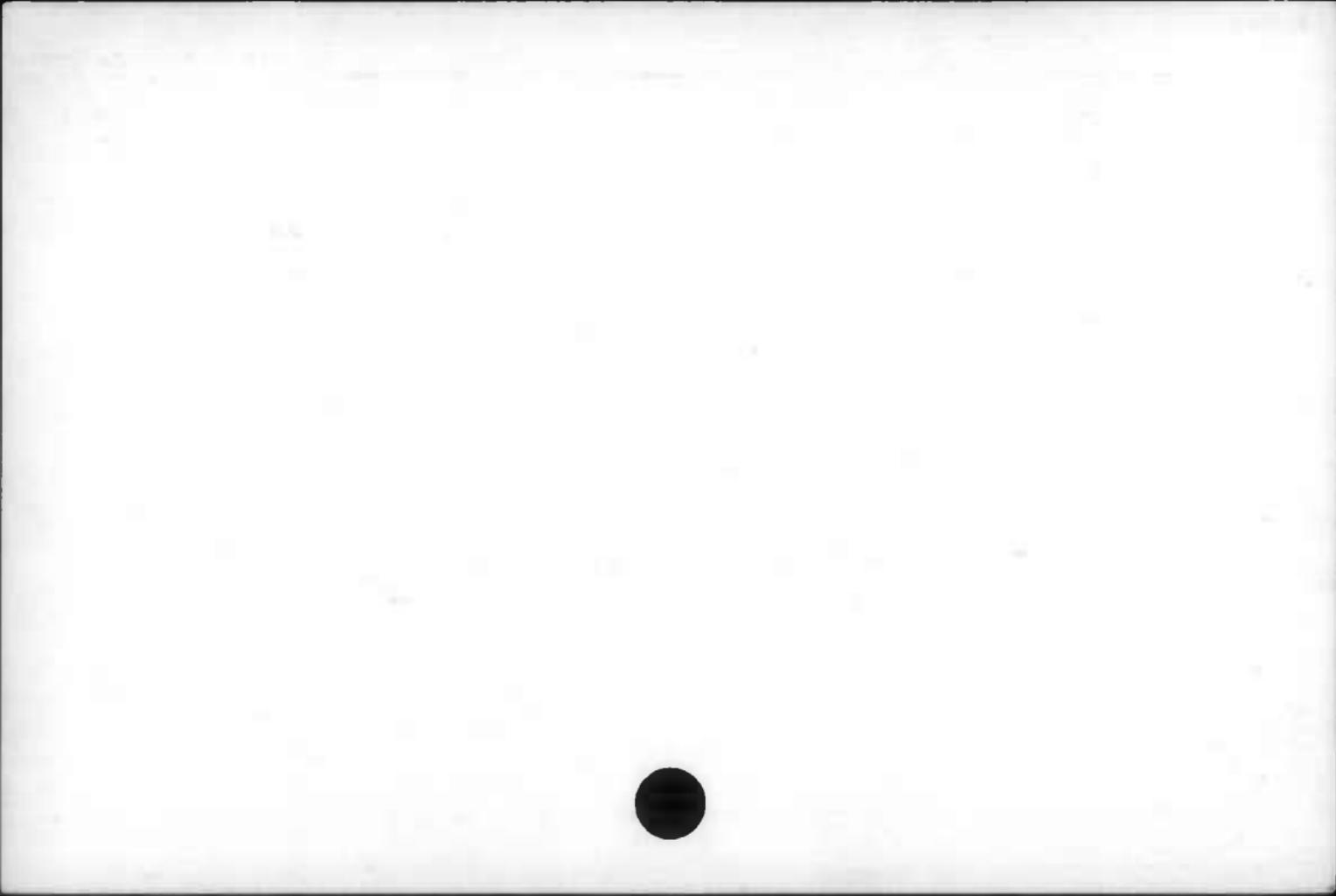
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Hannah Jones

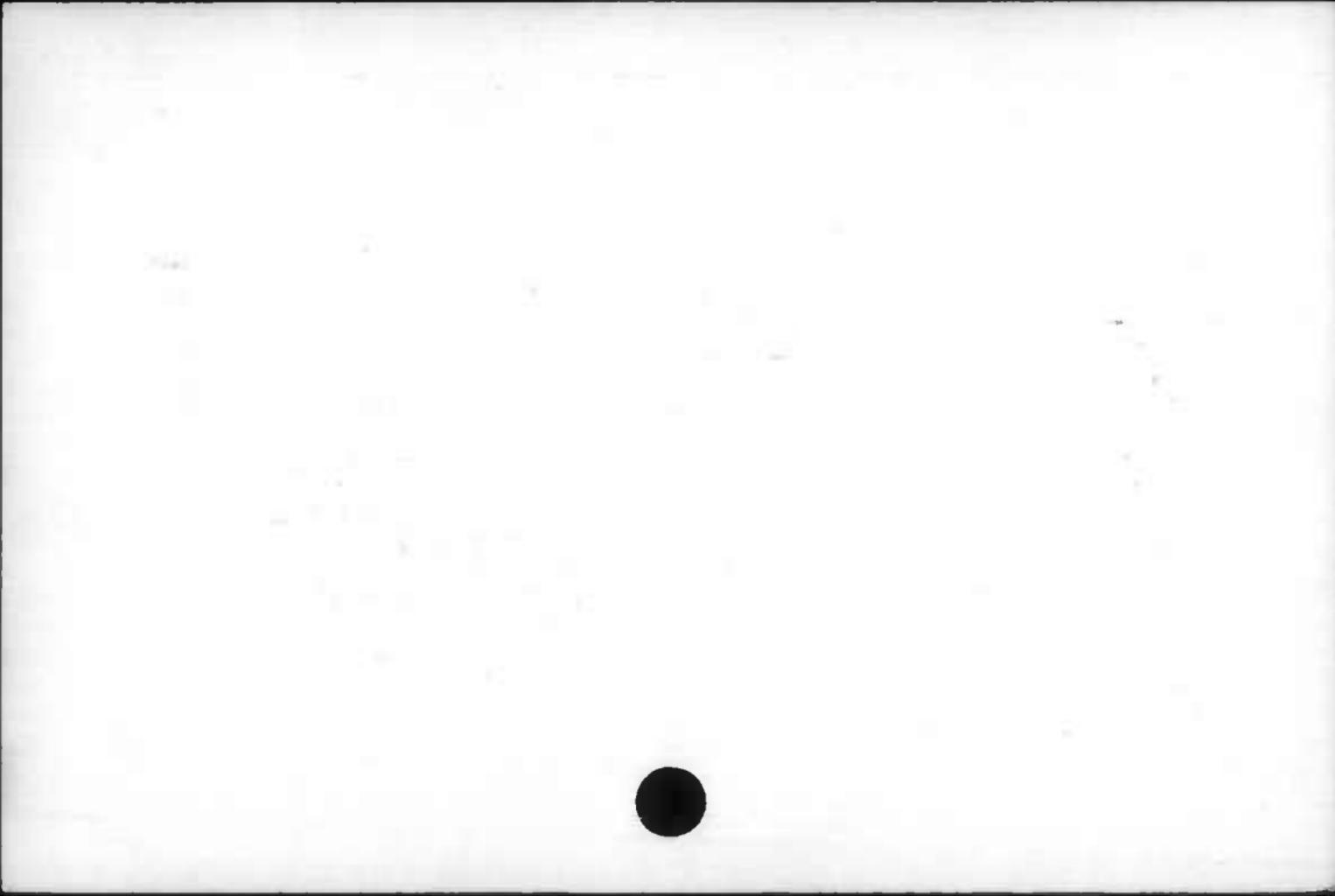
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Dec	Day 10	Years 73	Months ✓	Days	
Sex	Female	Color or Race	Blk	Birth-place	Somerset Co		
Occupation	Housewife	Where Residing if not at place of death			Somerset		
Married, Single or Widowed	Married	Name of Wife or Husband	George Jones				
Father's Name	Hector Reid	Father's Birthplace	Md				
Mother's Maiden Name	Dorothy Jones	Mother's Birthplace	Md				
Name of person giving Information	Hes N Jones	How related to deceased	Son				
CAUSES OF DEATH							
Primary	Chronic interstitial nephritis			1 year			
Immediate	Uremia			2 days			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			Address
Yes				R. L. Hoyt M.D.			Arnold
Accident or Suicide				No			

PHYSICIAN
OR CORONER

✓



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Chesapeake County Baltimore

Died at Chesapeake Month Dec. Day 19th Years 20 Months 1 Days 1

Date of death 190

Sex Male

Color or Race colored

Birth-place Baltimore, Md.

Occupation waiter

Where Residing if not
at place of death

Married, Single
or Widowed single

Name of Wife or
Husband -

Father's
Birthplace Baltimore, Md.

Father's
Name George Jones

Mother's
Birthplace Baltimore, Md.

Mother's
Maiden Name Elizabeth Marshall

How related
to deceased Brother

Name of person giving
Information John Jones

27

How long 9 mos.

Primary Tuberculosis

How long -

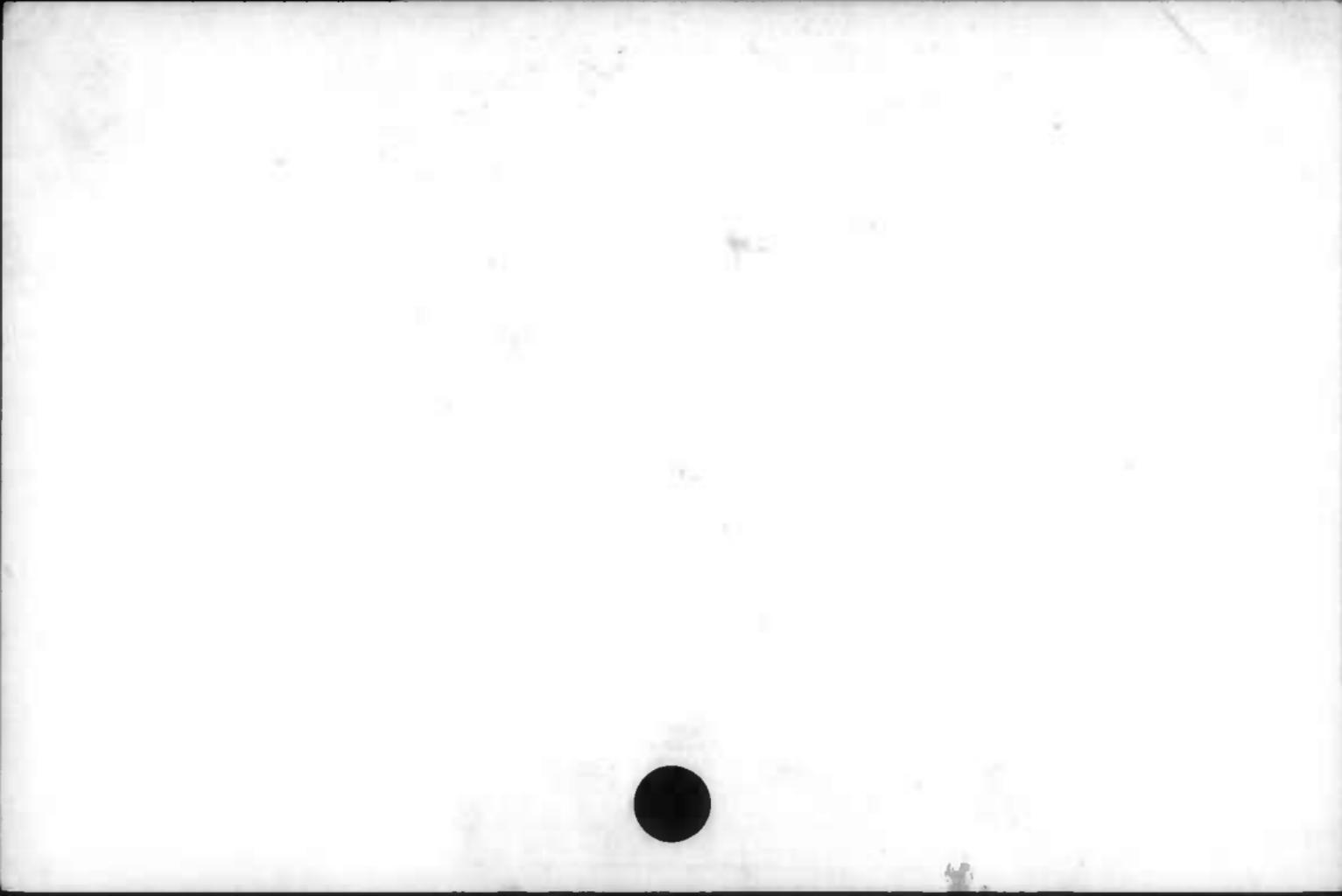
Immediate asthenia

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide no



Name
in
Full

Matilda Anne Lambford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Upper Fairmount		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Dec	24	66	10	11
Sex	Female		Color or Race	White	
Occupation	None				
Married, Single or Widowed	Widowed		Name of Wife or Husband	Where Residing if not at place of death	
Father's Name	Benjamin F. Lambford				
Mother's Maiden Name	Sallie J. Sudler				
Name of person giving Information	Sallie J. Sudler				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal tuberculosis, nephritis

Immediate

Intestinal haemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry M. Lambford
Princess Anne
Maryland

Accident or Suicide

No

29

How long

2 months

How long

few minutes

$$\begin{array}{r} 8883 \\ 2300 \\ \hline 11383 \end{array}$$

Name
in
Full

Mary Elizabeth Mears.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Crisfield

County
Somerset

MARYLAND

Date
of death

Month
Dec.

Day
31st

Years
—

Monthe
20

Deyls
" "

Sex
Female

Color or
Rece
White

Birth-
place
Crisfield

Occupation
—

Where Residing if not
at place of death
" "

Married, Single
or Widowed
—

Name of Wife or
Husband
—

Father's
Name
R. Lee Mears

Father's
Birthplace
Virginia

Mother's
Meiden Name
Cora Sterling

Mother's
Birthplace
Maryland

Name of person giving
Information
Effie Sterling

How related
to deceased
Grandmother

Primary

CAUSES OF DEATH

Infaulable Spasms

71

Immediate

Hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
W. F. Hall

Address
Crisfield

Accident or Suicide



Name
in
Full

Evaline Milbourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Crisfield

County

Somerset

MARYLAND

Date
of death 190

Month
Dec.

Day
24

Years
5

Months

Days

Sex
Female

Color or
Race

White

Birth-
place

Lawsonia

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Woodland Milbourne

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ida B. Byrd

Mother's
Birthplace

Name of person giving
Information

L.D. Byrd

How related
to deceased

Grandfather

Primary

CAUSES OF DEATH

Obstruction of cystic duct

113

6 days

Immediate

Shock from operation

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

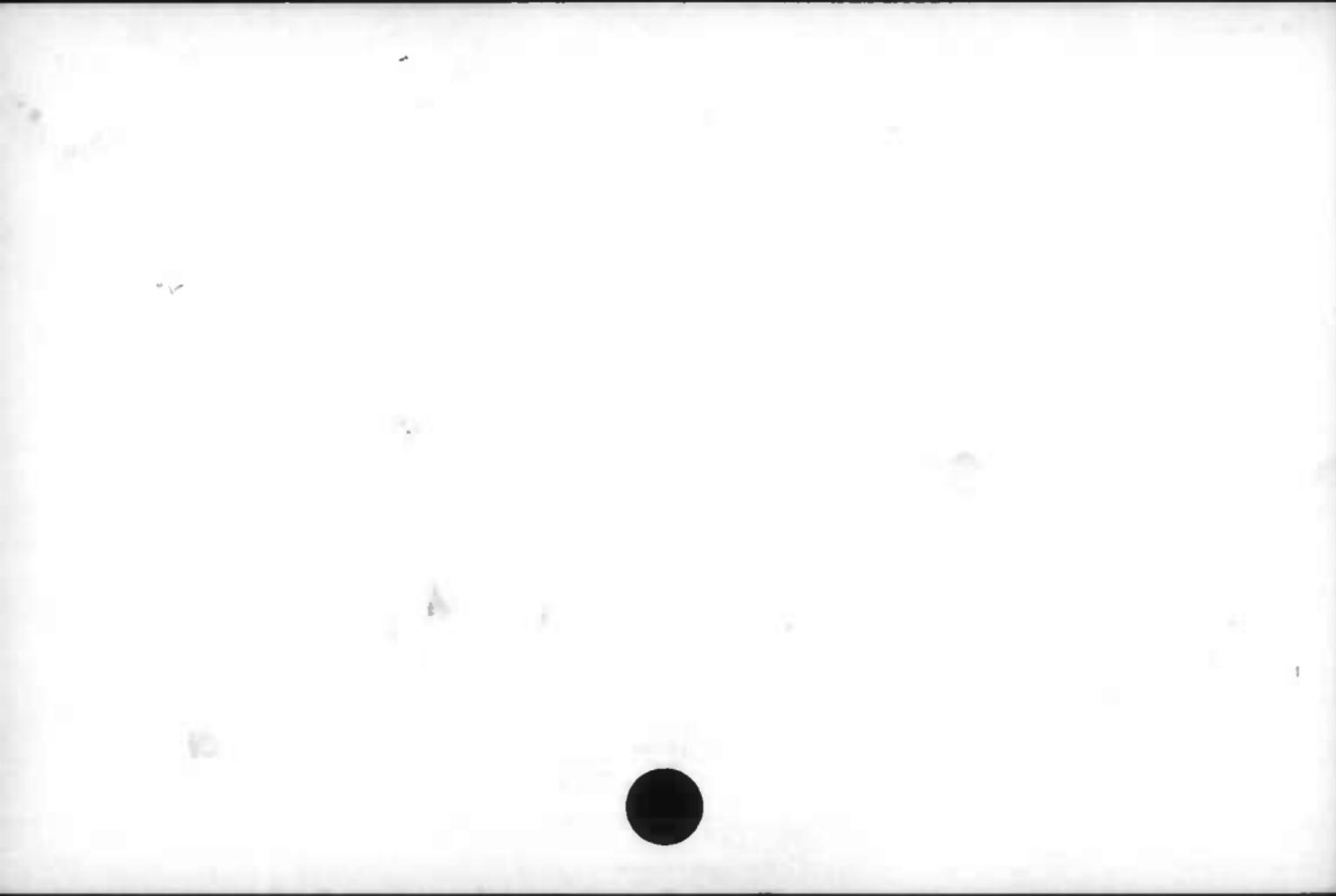
Signature of
Physician

Address

W.F. Stael
Crisfield MD

6
PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Emeline Driles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
James Lom

Month

Day

County

Somerset

MARYLAND

Date
of death

1909

12

21

Age

Years

60

Month

Days

Sex

Female

Color or
Race

Black

Birth-
place

Turp

Occupation

Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emeline Driles

Father's
Name

Adams Lom

Father's
Birthplace

MD

Mother's
Maiden Name

Hannah Driles

Mother's
Birthplace

MD

Name of person giving
Information

Noah Collins

How related
to deceased

Bro

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

1 year

Immediate

Asthma

6 months

Are the name, age, sex, color, data
and place correctly given above?

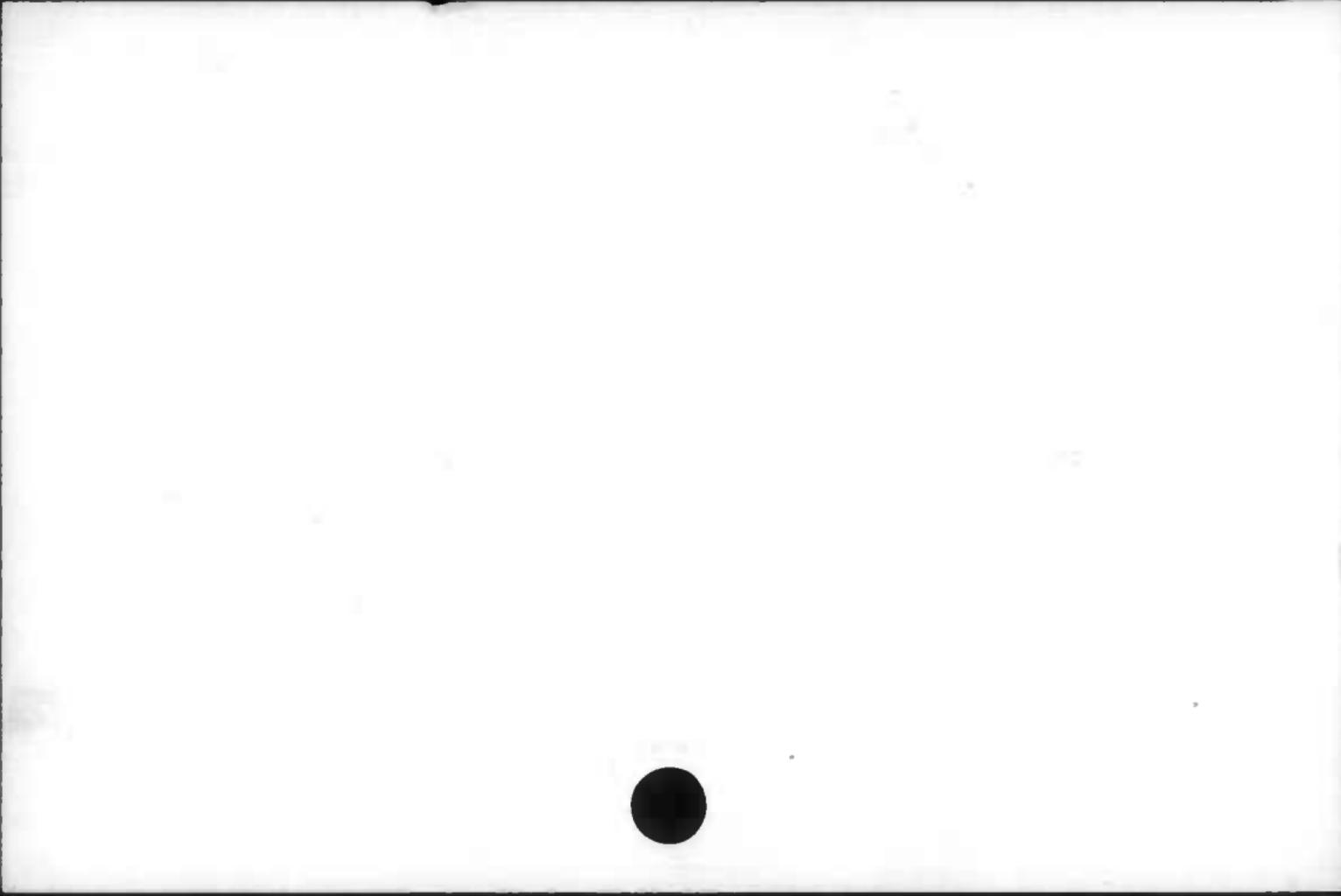
Signature of
Physician

Address

Princess Anne Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Anna Bell Morgan
Crisfield

Died at Town County
Crisfield Somerset

Date Month Day Months Days
of death 1909 Dec. 20

Age 41 Birth-place
Sex Female Race White Lancaster Co.
Occupation Housewife Va.

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Robert B. Waller

Mother's Maiden Name Aliza A. Jefferson

Name of person giving Information Frank Morgan

Where Residing if not
at place of death

Frank Morgan.

Father's Birthplace Virginia

Mother's Birthplace

How related to deceased

116

How long

How long

Husband.

CAUSES OF DEATH

Primary

Fell on Sharp Asperous
Peritonitis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

(Accident)

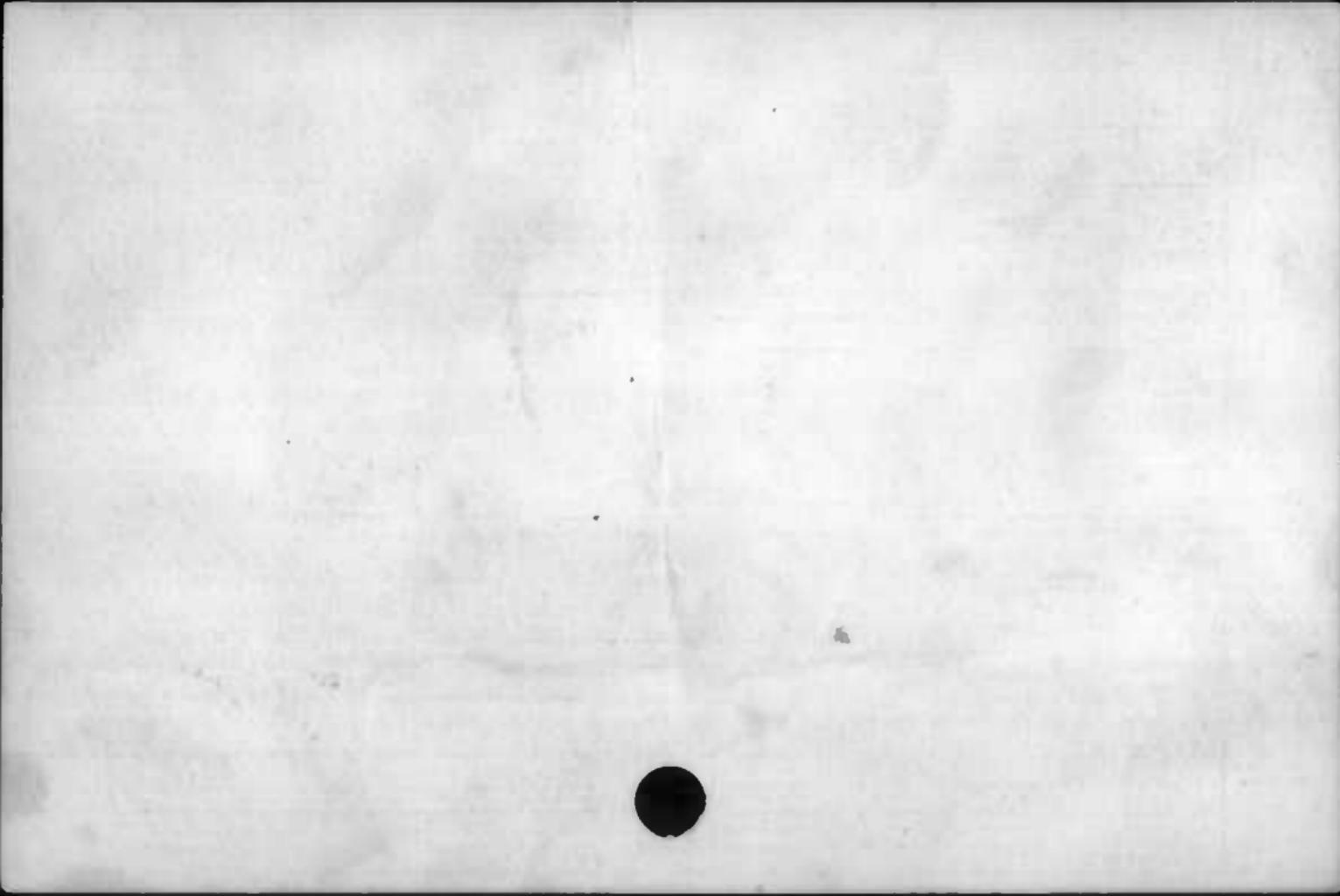


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County		MARYLAND
Date of death	Month	Day	Years	Months	Days
1909	Dec	3	6		
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	Where Residing if not at place of death				
Housewife	Same				
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Murray Deceased		
Father's Name	Wm. S. Murray				
Mother's Maiden Name	Rosalie Parks				
Name of person giving Information	Mrs. Stewart				
CAUSES OF DEATH					
Primary	Lipshynd Tuer			How long	4 weeks
Immediate	Ostibrium			How long	3 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	R. H. Bryant M.D.	
			Address	Arnold, MD	
Accident or Suicide?				Yes	



Name
in
Full

Minnie Niskey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Princess Anne Md				
Father's Name	Charles Niskey Jr.					
Mother's Maiden Name	Somerset Co					
Name of person giving Information	How related to deceased					

1909 December 19 35 3 10

Female Colorado Princess Anne Md

House-wife

Married Charles Niskey Jr.

George Mills Somers Co

Sallie Mills Somerset Co

Charles Niskey Jr. Husband

CAUSES OF DEATH

120

How long

Primary

Chronic Nephritis

Three years

Immediate

Dilatation of the Heart

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Catherine F. Luckford

Accident or Suicide?

Princess Anne
Maryland



Name
in
Full

Nettie Lauer Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brinsford County Somerset MARYLAND

Date of death 1909 Month 12 Day 15 Age 33 Month - Day -

Sex Female Color or Race white Birthplace Brinsford MD

Occupation Housewife

Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband John Parker

Father's Name John L Lauer

Father's Birthplace Hopewell NC

Mother's Maiden Name Mary Pruitt

Mother's Birthplace Hopewell NC

Name of person giving Information Jno Parker

How related to deceased Husband

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Two Year

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

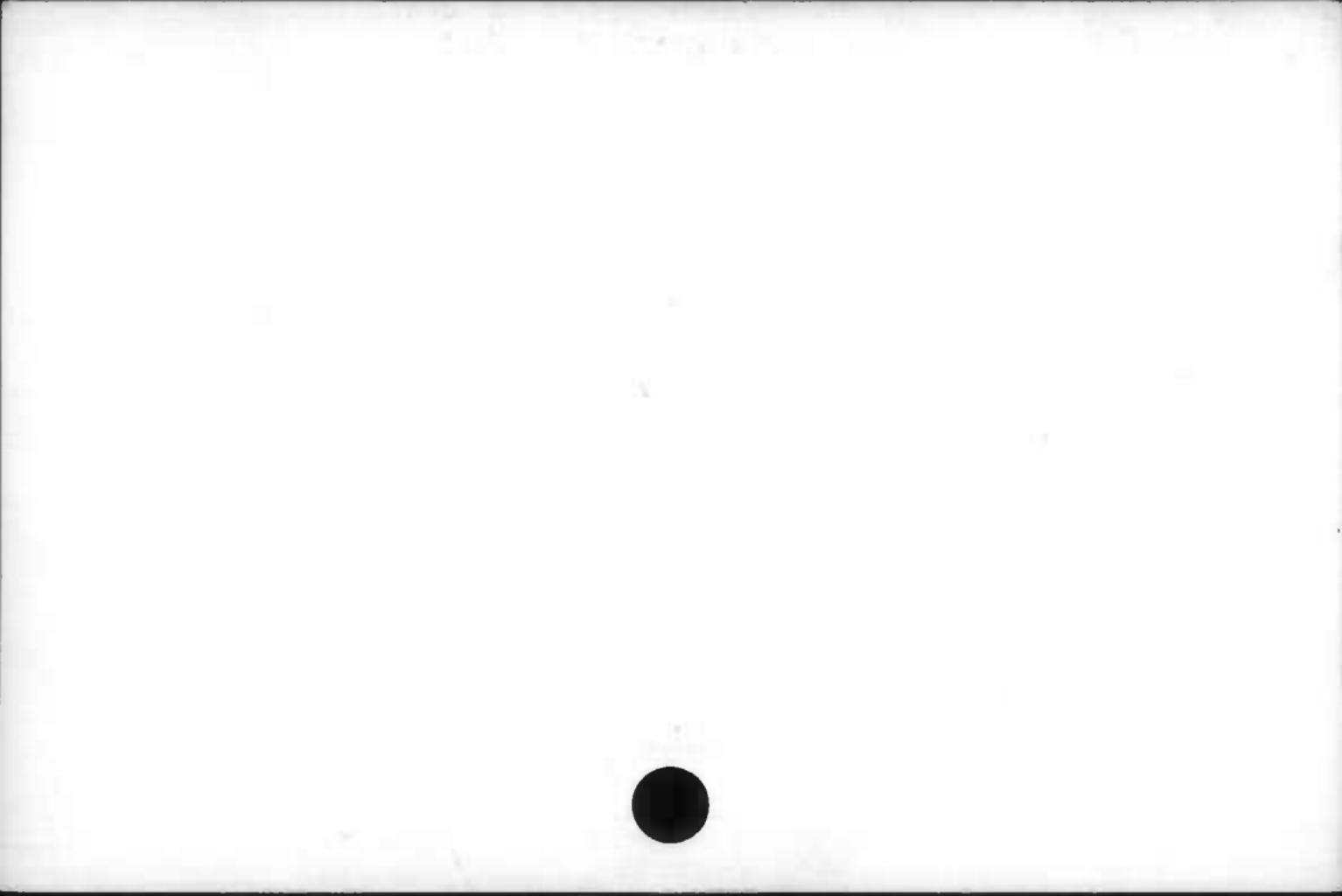
Signature of
Physician

Address

W. A. Stael
Brinsford MD

PHYSICIAN
OR CORONER

Accident or Suicide M



Name
in
Full

Corretto Scarborough
Crisfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town	County			
Date of death	1909 Dec 25	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Bkt	Birth place Crisfield Md		
Occupation	Child	Where Residing if not at place of death Crisfield Md				
Married, Single or Widow	Single	Name of Wife or Husband	None			
Father's Name	Rose Scarborough		Crisfield Md			
Mother's Maiden Name	Josephine Cuppiss		Md			
Name of person giving information	Allies Scarborough Body		Cousin			

CAUSES OF DEATH

8

How long

How long

PHYSICIAN
OR CORONER

Primary

Whooping Cough - Six weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.H. Culbourn
Crisfield Md

Accident or Suicide



Name
in
Full

Leah Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Alues House		Somerset			
Date of death	Month	Day	Years	Months	Days
1909	Dec	10	Age about 75		
Sex Female	Color or Race	Colored		Birth-place	md.
Occupation Painter	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband		Unknown.		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	See W. B. Bonds		How related to deceased	none	

CAUSES OF DEATH

Primary

Senility

177

How long

Immediate

Senility

How long

Progressive

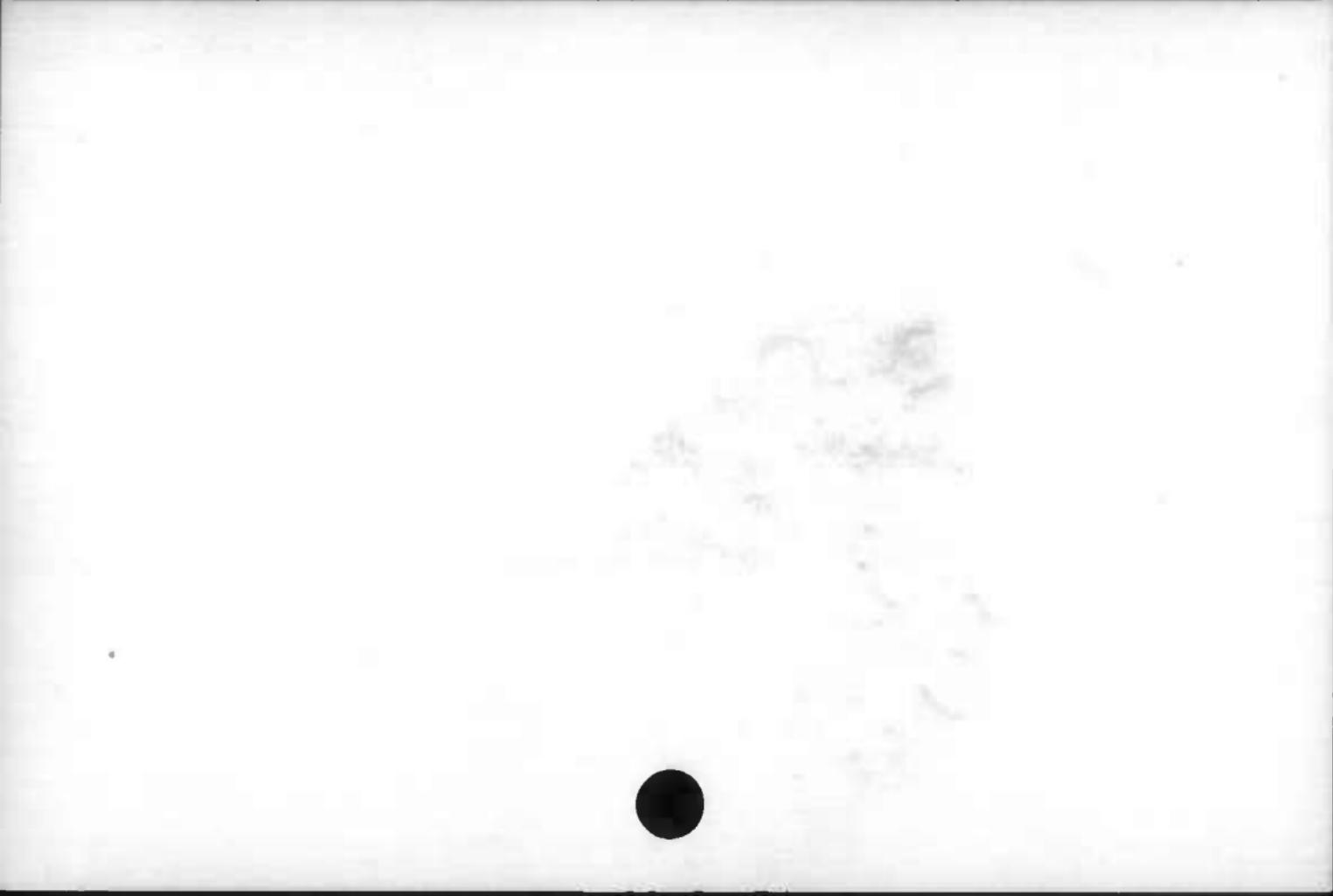
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. T. Fishburne,
Princess Anne,
md

Accident or Suicide



Name
in
Full

Lawdy Swift

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month Dec	Day 2	Years 21	Months 2	Days 10
Sex	Male	Color or Race	White			
Occupation	Invalid					
Married, Single or Widowed	Single					
Father's Name	Theodore Swift					
Mother's Maiden Name	Tilla Mathew					
Name of person giving Information	Hersmon Swift					

Where Residing if not at place of death

Where Birthplace

Where Father's Birthplace

Where Mother's Birthplace

How related to deceased

CAUSES OF DEATH

Primary

Syphoid Fever
Blin Paralyzed ever since
Gradually gone Worse

How long

11 yrs ago

Immediate

Gradually gone Worse

How long

Don't know

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

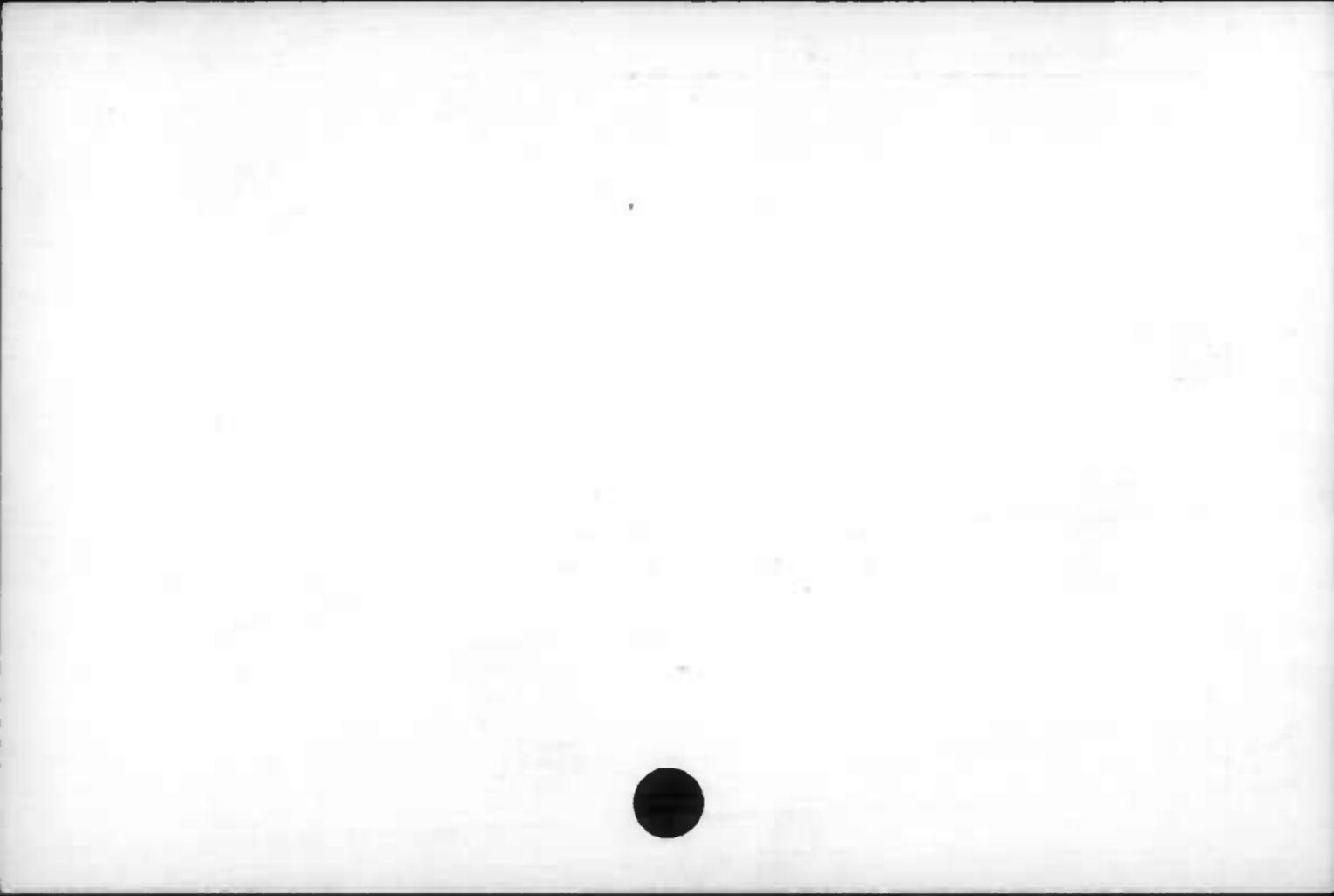
Dr. J. G. B. Allen

Garrison

MD

Accident or Suicide

No



Name
in
Full

Lenora Walker

CERTIFICATE OF DEATH

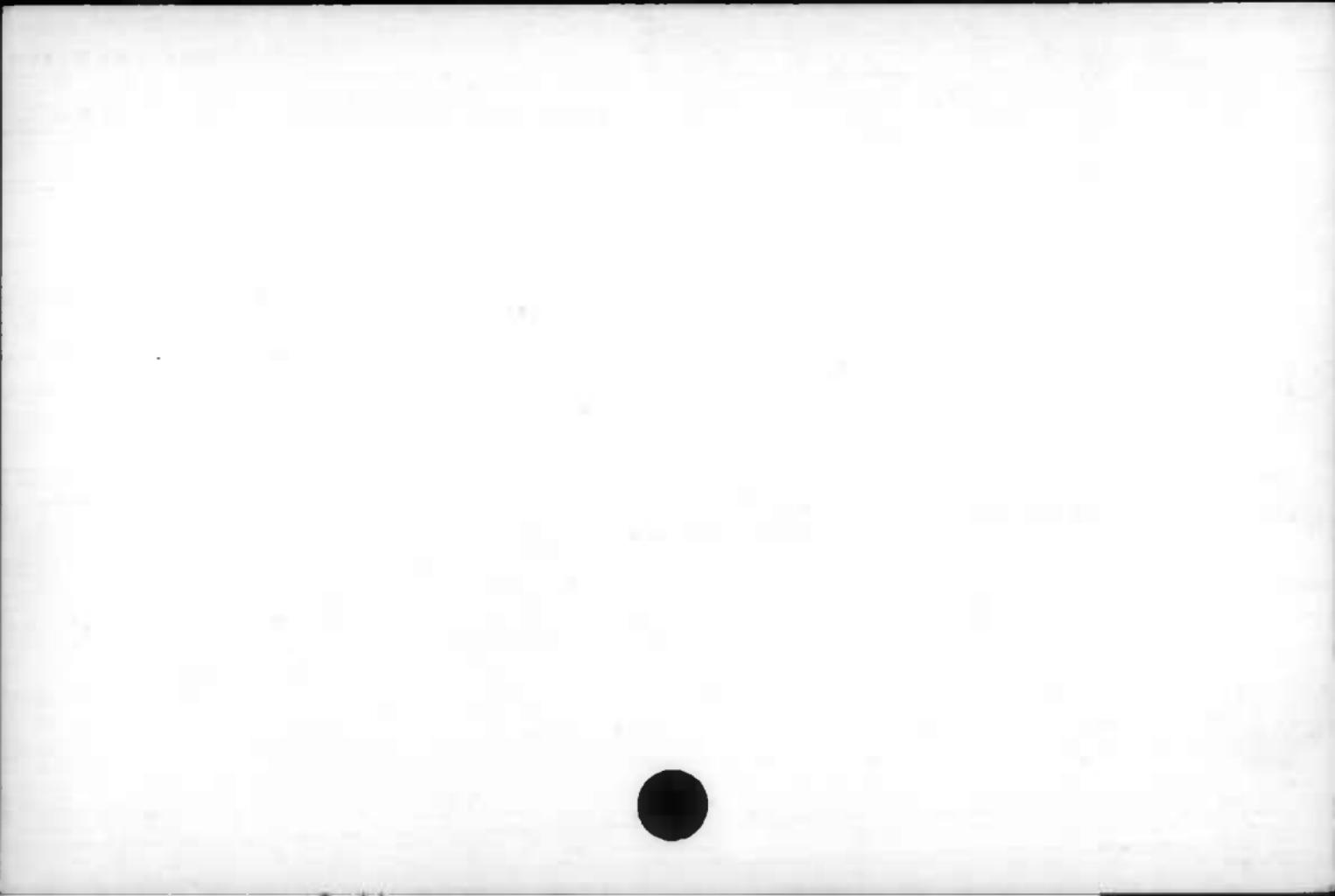
TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Princess Anne Md.		County Somerset		MARYLAND	
Date of death 1909	Month December	Day 7 th	Years Age 45	Months -	Deys
Sex Female	Color or Race	white		Birth- place Penn.	
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband	Theodore A. Walker			
Father's Name Alexander Hanna			Father's Birthplace Unknown		
Mother's Maiden Name Unknown			Mother's Birthplace Unknown		
Name of person giving Information Paul Walker			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary hepatic	120	How long ?
Immediate Uraemic Coma	about 1½ hours	How long
Are the name, age, sex, color, date and place correctly given above ? Yes	Signature of Physician Chas. J. Fisher M.D.	Address Princess Anne Md.
Accident or Suicide No.		



Name
in
Full

Isabella Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Dec	Day 7	Years 75	Months	Days	
Sex	Female	Color or Race	White	Birth-place	nd		
Occupation	Housewife		Where Residing if not at place of death	Same			
Married, Single or Widowed	Widowed	Name of Wife or Husband	Frank Waller				
Father's Name	Robert P Waller		Father's Birthplace	Scotland			
Mother's Maiden Name	Ellen Stayton		Mother's Birthplace	nd			
Name of person giving Information	Harry Fitzgerald		How related to deceased	Grandson			

CAUSES OF DEATH

Primary

Cerebral Haemorrhage 8 mo

64

How long

Immediate

Exhaustion

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

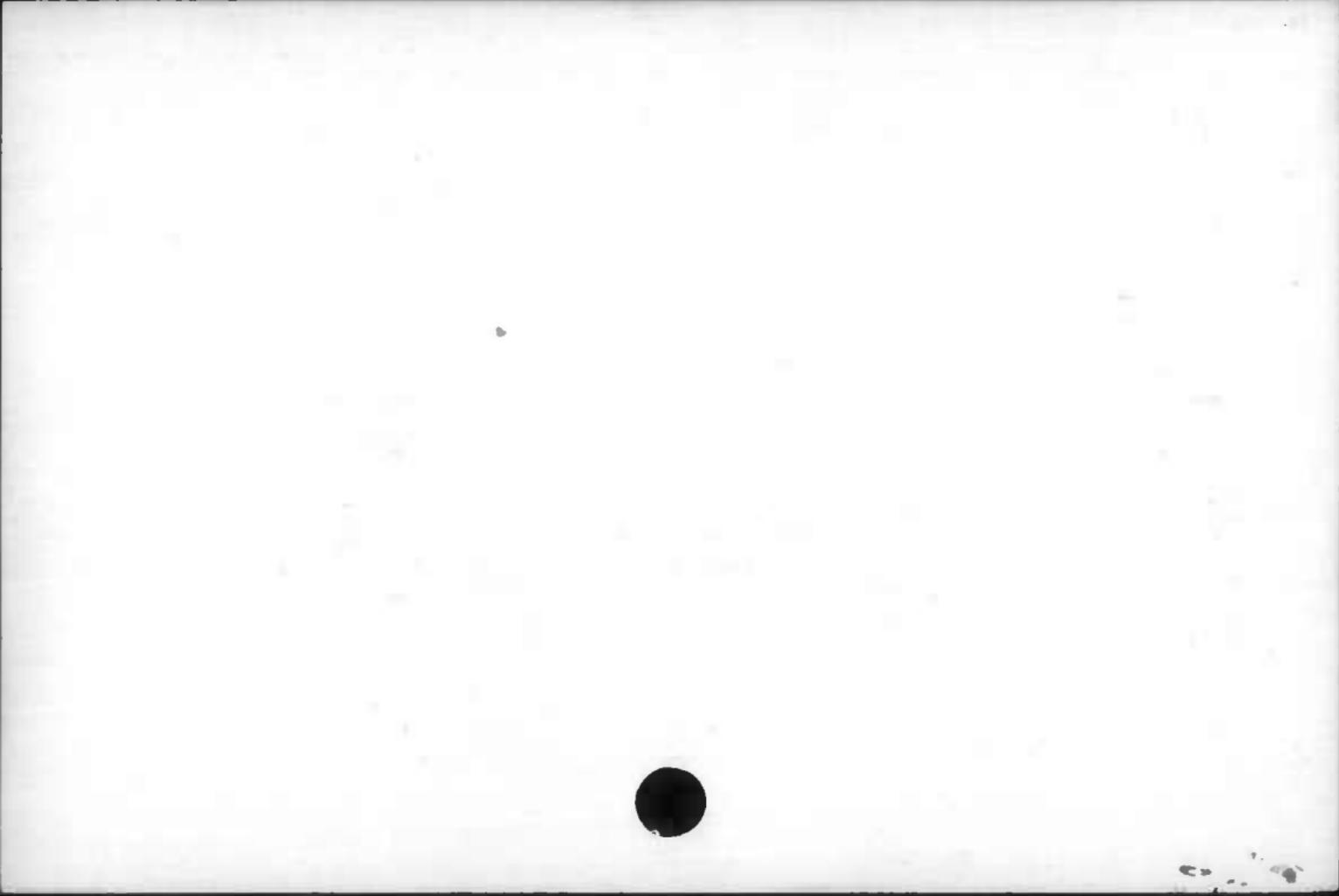
R. H. Hoyt

PHYSICIAN
OR CORONER

1

Accident or Suicide

Address



Name
in
Full

Iraham Lowell Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 12	Day 2	Year	Months 5	Days 6
Sex	Female	Color or Race	White			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	David R. Webster					
Mother's Maiden Name	Mary E. Webster					
Name of person giving Information	May E. Webster					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

179

How long

How long

Signature of
Physician

Address

Primary

Malaria

Spur birth

Immediate

Aspiration

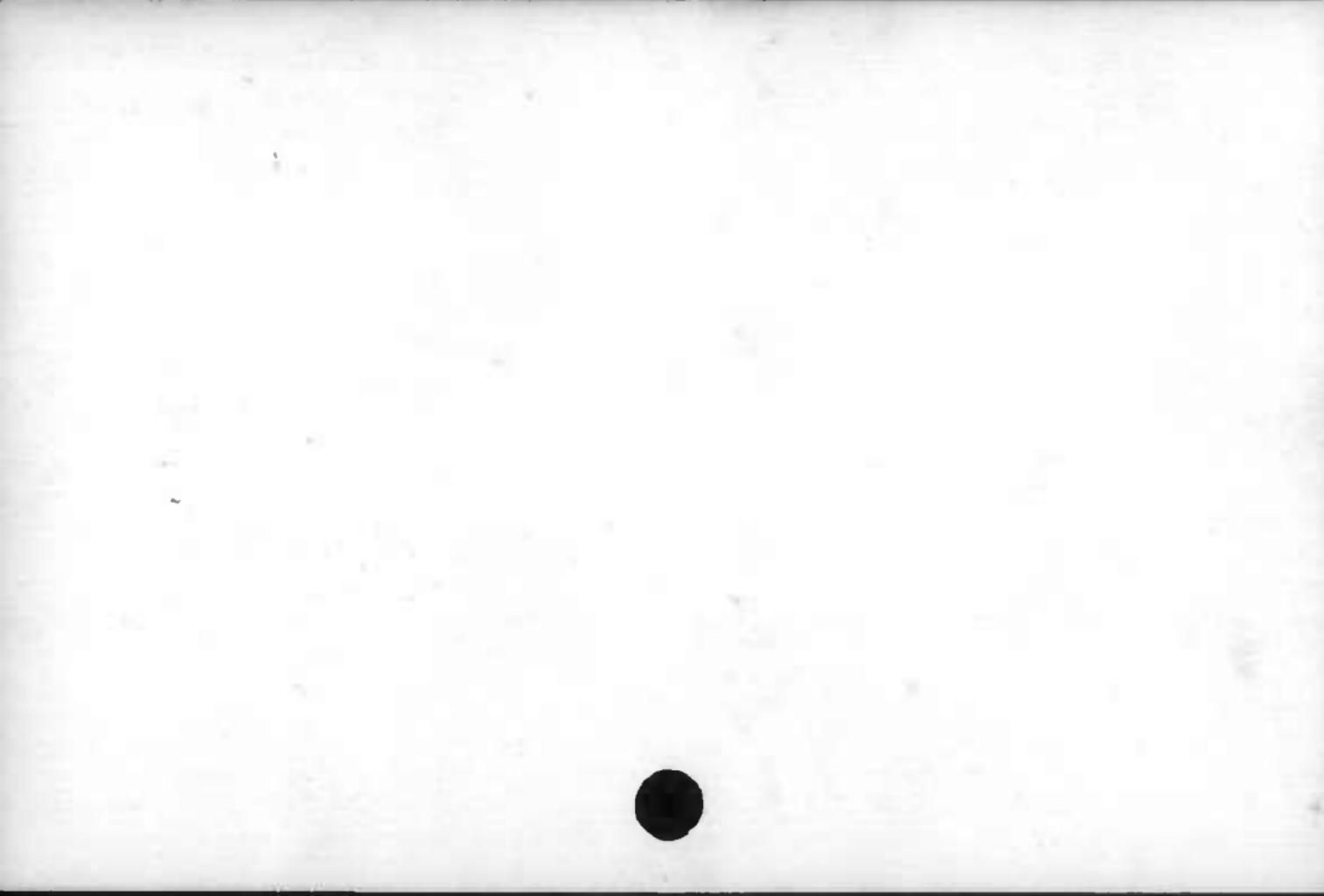
Spur birth

Are the name, age, sex, color, date
and place correctly given above?

Probably

J. H. Alexander
Commissary
Co.

Accident or Suicide



Name
in
Full

Sarah Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town
Died at Deal's Island Somerset

MARYLAND

Date Month Day Years Months Days
of death 1909 Dec 7 45

Sex Female Color or Race white

Birth-place Somerset Co., Md.

Occupation House Servant

Where Reiding if not
at place of death Deal's Island Md.

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John B. Webster

Father's
Birthplace

Mother's
Maiden Name

Addine Webster

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Primary

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

64

How long

✓
36 hrs.

How long

12 hrs.

How long

3 months



Name
in
Full

Edward D Wharlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

Crisfield

County

Somerset

MARYLAND

Date
of death

Month

190

Day

9 Dec 12

Years

Age

57

Montha

9

Dey a

Sex

Color or
Race

Male

White

Birth-
place

Newport N. J.

Occupation

Pigger

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Mary A Wharlow

Father's
Name

Edward D Wharlow

Father's
Birthplaca

Newport N. J.

Mother's
Maiden Name

Sarah Love

Mothar's
Birthplaca

New Jersey

Name of person giving
Information

Mary A Wharlow

How related
to deceased

wife

CAUSES OF DEATH

79

How long

1 year

Primary

Valvular disease heart.

How long

1 month

Immediata

Drowsy

Are the name, age, aax, color, date
and place correctly givin above?

Signature of
Physician

Address

W. F. Stael
Crisfield

Accident or Suicide

no

1000
1000
1000

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth White

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowad	Name of Wife or Husband	Father's Birthplaca	
Mothar's Maiden Name		Mother's Birthplaca	
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Immediate

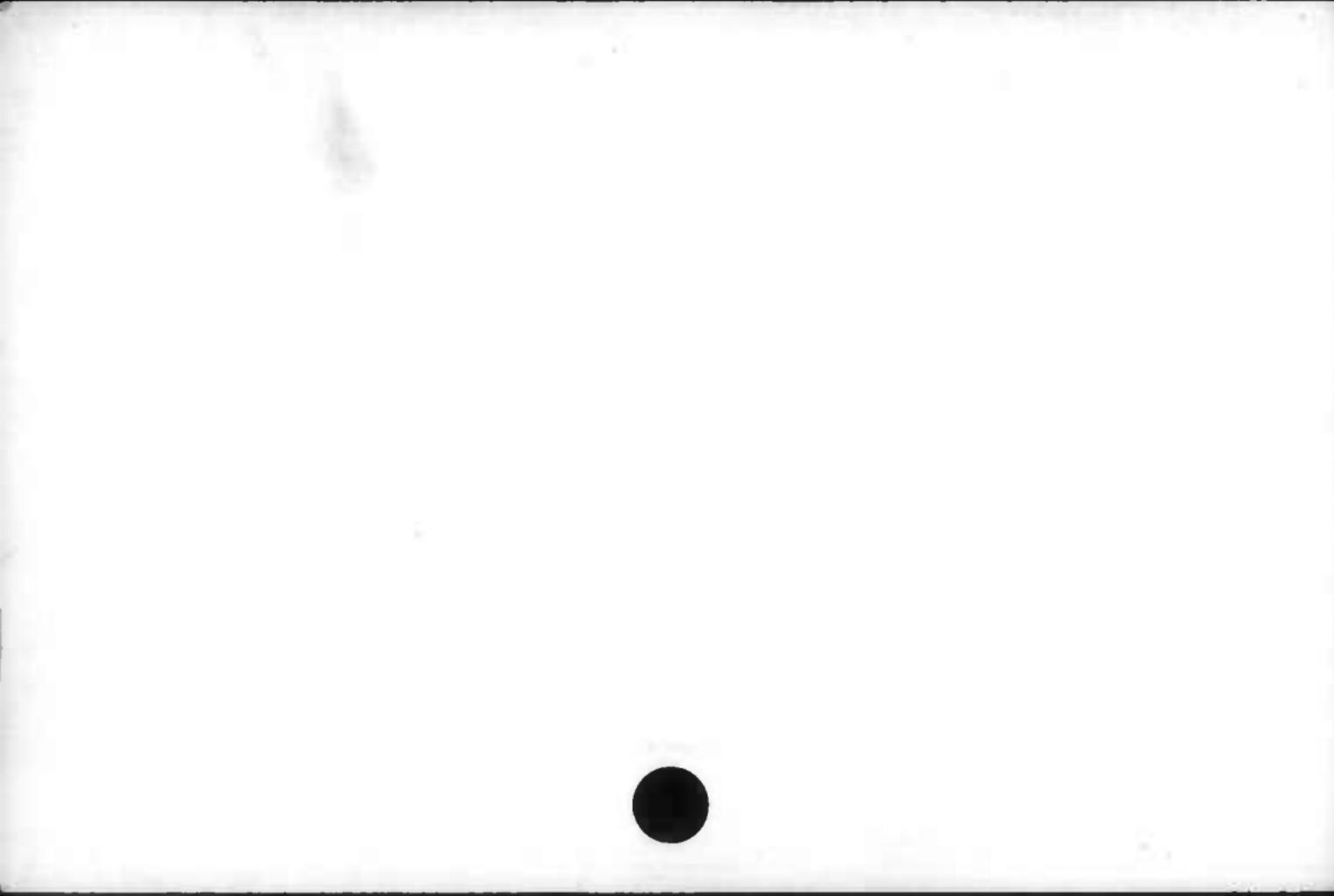
Asthma

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



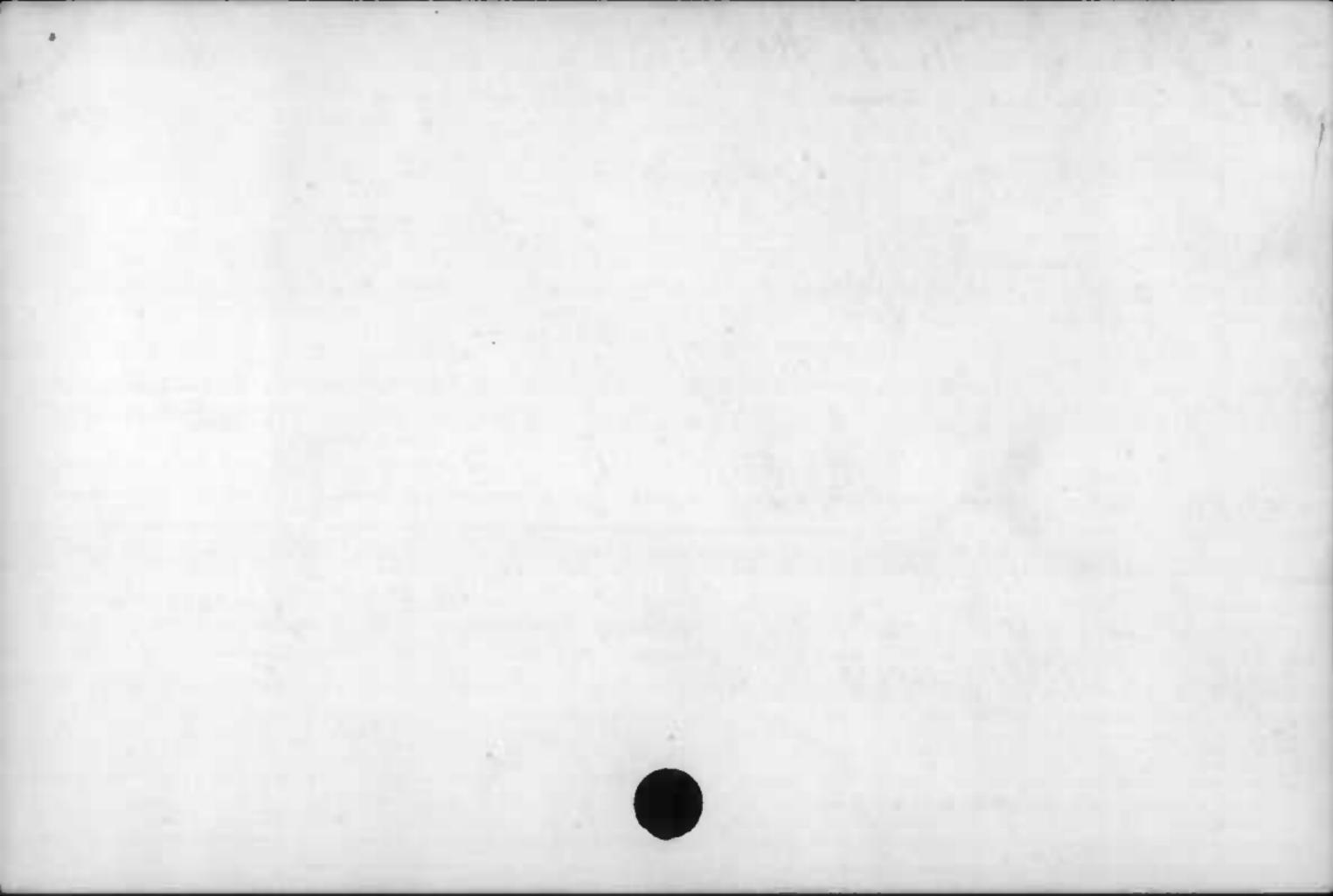
Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Chesapeake</u>		Town <u>Chesapeake</u>		County <u>Somerset</u>		MARYLAND	
Date of death	1909	Month <u>Dec.</u>	Day <u>17th</u>	Age	Years <u>—</u>	Months <u>3</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Where Residing if not at place of death <u>—</u>		Birthplace <u>Som. Co.</u>	
Occupation <u>—</u>							
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Tom White</u>					Father's Birthplace <u>Som. Co.</u>		
Mother's Maiden Name <u>Clementine Pigging</u>					Mother's Birthplace <u>Som. Co.</u>		
Name of person giving Information <u>Clementine White</u>					How related to deceased <u>Mother</u>		
CAUSES OF DEATH							
Primary	<u>Malaria</u>				<u>179</u>		<u>3 mos</u>
Immediate	<u>—</u>						<u>How long</u> <u>—</u>
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<u>S. J. Madsen, M.D.</u>		
				Address	<u>1115 Chesapeake</u> <u>Somerset Co., Md.</u>		
Accident or Suicide?							



Name
in
Full

Infant William

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Mt. Vernon

own

Month

Day

County

Year

MARYLAND

Days

Date
of death

1909

Month

Dec 11

Day

Age

Sex

Male

Color or
Race

White

Birth
place

Summit Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jesse McPherson

Father's
Birthplace

Mother's
Maiden Name

Lizzie Smith

Mother's
Birthplace

Name of person giving
Information

Mrs. M. Williams

How related
to deceased

Summit Co
Summit Co
Grandmother

CAUSES OF DEATH

Primary

Suffocation while asleep
Found with few burns in collar

How long

166

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. A. Barnes M.D.
Physician
Q.S.P. No. 2.

PHYSICIAN
OR CORONER

Accident or Suicide

